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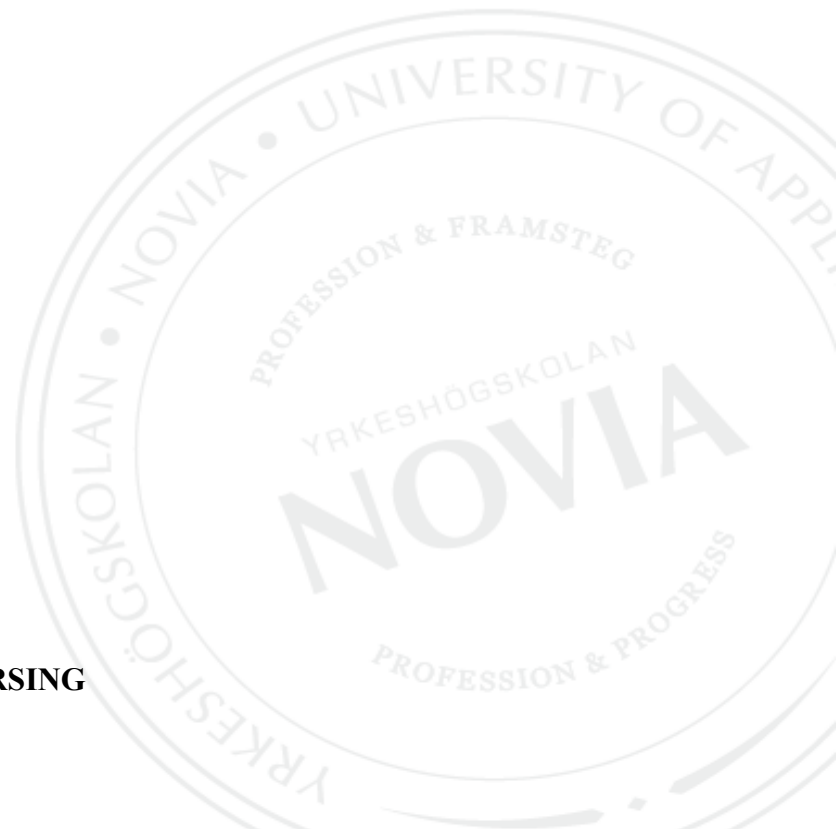
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**EVIDENCE-BASED NURSING CARE FOR PATIENTS FROM DIFFERENT
CULTURES WITH A FRACTURED WRIST IN A PLASTER CAST**

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SUMMARY

A broken arm or wrist is usually caused by a fall onto an outstretched arm. It usually takes six to eight weeks to heal in adults, and less time in children. The aim of this study sought to describe how nurses can care for patients from different cultures with a fractured wrist in a plaster of paris cast.

Qualitative content analysis was used to analysis the findings. The findings from the literature reviewed were grouped into three themes: nursing care for wrist fractures, providing cultural nursing care and communication. The nurse assesses (airway, breathing, circulation, disability and exposure or pain assessment), plans, implements and evaluates care using evidenced-based practice. Communication and language are very essential in providing nursing care for patients from different cultural backgrounds. The nurse must understand and know the cultural background of the patient and care for them. The nurse makes sure to give the information (verbally or written) to the patient and ensure it is culturally relevant, so the patient will understand it and carry out.

LANGUAGE: ENGLISH **KEY WORDS:** PLASTER CAST, PLASTER OF PARIS, TREATMENT, CULTURAL CONGRUENT CARE, NURSING CARE, CULTURE, CULTURAL COMPETENCE, INFORMATION, DISTAL RADIUS FRACTURE, CONSERVATIVE, IMMOBILIZATION, PATIENT, AND COLLE'S FRACTURE.

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1 INTRODUCTION

The world we live in today has so many faults and problems sometimes one cannot prevent them from occurring; they just happen. Falls are one example. Falls are serious at any age and breaking a bone after one falls down becomes more likely as people grow older. According to WHO 2007 it defines falls as '*inadvertently coming to rest on the ground, floor or other lower level, excluding intentional change in position to rest in furniture, wall or other objects*'. The rate of falls increases as people age and become weak and vulnerable. The rate of falls differs in various countries. Mortality and fatality rates for falls amongst older people in Finland according to World Health Organization is 55.4 for men, and 43.1 for women per 100 000 population. (Kannus P et al 2005). Incidence of the distal radius fractures is much higher in Scandinavian countries than in other parts of Europe. (Cummings & Melton, 2002). The slippery weather during the winter season has an impact on the high rates of falling in Scandinavia where wrist fractures are common. (Schmalholz 1988: Mallmin & Ljunghall, 1992: Flinkkilä et al., 2011).

This thesis talks about the nursing care and treatment options for patients from different cultural backgrounds with a fractured wrist in a plaster of paris cast. My interest in choosing this topic is with the fact that it covers a multi-cultural discipline in plaster cast care for fractured wrist. Using literature review, articles were retrieved and analyzed using qualitative content analysis, thereby arriving at my results. Orem and Leininger's theoretical reasonings are the basis for this thesis. They will enlighten the thesis and support it with their framework as it talks about the cultural aspect and self-care theory. I will focus more on Colles' fracture (distal radial fracture/wrist fracture) since it's the most common type of fracture. Articles were searched for using important toolboxes such as EBSCO, CINAHL, databases, ebrary, ebooks as well as literature books; and key words used were nursing care; information; culture; wrist; patients; plaster of; treatment; patients; immobilization; conservative; fractured wrist; cultural competence; distal radius fracture as well as plaster of paris.

This thesis was ordered by the Vaasa Central Hospital as a project to find out how to provide culturally competent information, treatment and nursing care to patients from different cultures with a fractured wrist in a plaster of paris cast.

1.1 BACKGROUND

Culture, as defined by merriam-webster is the *'beliefs, customs, arts and the way of life of a particular society, group, place or time'*. Cultural Competence is defined as: *'the capacity to draw effectively upon cultural knowledge, awareness, sensitivity and skillful actions in order to relate appropriately to and work effectively with others from different cultural backgrounds'*. (Sperry, 2012)

According to Encyclopedia Britannica, it explains and defines the skeletal system. The human skeletal system is the skeletal structure and design of the body. This structure is made up of many different bones and cartilages. It also includes straps of fibrous connective tissues and the ligaments and tendons. The human skeleton is made up of two important sub groups. These includes: the axial: vertebral column (the spine) and the skull (lower and upper jaw) as well as the appendicular, hip and shoulder where the girdles, the bones and cartilages of the limbs are situated. The skeleton has three major functions, which are to support, to protect and to yield in motion. The cranium is a part of the skull that surrounds the brain. The skeleton of the wrist or carpus is made up of eight small carpal bones that are aligned in two rows of four each. The hand is a tool for motion (spectacular movements).

A fracture is a break in the anatomy of a bone. There are different types of fractures and they can be characterized in accordance with the direction of the fracture line, for example linear, transverse, spiral, oblique, spiral and longitudinal fractures. Fractures are also classified as open, closed, complete and incomplete fractures. With open fractures, the skin appears to be broken, thereby revealing the bone and causing soft tissue injury; a closed fracture has the skin intact and not destroyed; a complete fracture occurs when the crack is total in the bone; an incomplete fracture is a partial break across the bone shaft, still leaving the bone intact. Incomplete fractures usually occur when there is a compressed force applied to the bone. (Lewis et al, 2011, p 1590-1591)

Some fractures are also grouped as displaced and non-displaced fractures. Displayed fractures mostly have the two ends of the cracked bone separated from each other and out of place, whilst a non-displaced fracture has the periosteum in place across the fracture and the bone still in position. The clinical appearance of fractures includes: edema and swelling, whereby there is assimilation of the bone into the skin; added pressure on nerves

and muscles; some irritation of tissues; extravasation and discoloration of skin as well as breakage of bone or joints. (Lewis et al, 2011, p 1590-1591)

A plaster cast is a stiff mold which is fixed around a wounded body part after having been reconstructed into the right physical structure. The plaster cast is applied to broken bones, and its main function is to withhold the injured sections of the body. The cast is made of either a moist roll of plaster of paris, or a fiberglass (Timby, 2009). The plaster of paris cast is a fast-setting plaster that contains white powder and calcium sulfate hemihydrate which becomes hard when it has been made wet and is allowed to dry up. (Britannica.com)

The merits of a plaster of paris cast are that it is inexpensive, not prone to reactions and easy to fit and apply. Some complications can arise if good care is not carried out for the treatment options such as a problem with the circulation system (there is not enough blood circulating and also nerve impairment), the long time it takes to dry (24-48hours), its weight, the occurrence of pressure sores inside the cast due to poor casting procedures, cracking of the edges, how the plaster gets soft in contact with water, it may cause stiffness in the joints and it may cause allergies for some patients. The plaster of paris can also promote the unity in the fractured bone, correct deformities in the fractured body part and help with immobilization. (Timby, 2009)

Colles' fracture also known as distal radius fracture occurs when the bone manages to split on the lower side, very close to where it links to the hand. It occurs when a person attempts to stop him or herself from falling down with a hand stretched. This type of fracture usually occurs among people who are over 50 years since they are more vulnerable and have an osteoporotic bone as well as children. There is, usually, pain and swelling in the affected area. There is also a vascular insufficiency secondary to edema. Examinations and Tests include x-rays, CT scan as well as a Magnetic Resonance Imaging (MRI). Colles' fracture can be handled by immobilization, cast application or by internal or external fixation, placement of metal pins, a plate and screw (Lewis et al, p 1604).

2 AIM AND RESEARCH QUESTIONS

The study sought to describe how nurses can care for patients from different cultures with a fractured wrist in a plaster of paris cast. There are different people from different cultural backgrounds and each has their own unique way of life and beliefs. Culturally congruent

care is very essential in caring for patients from a cross-cultural background. The research questions are:

1. What kind of nursing care is given to patients with a fractured wrist?
2. How can a nurse give culturally competent information and care to patients from different cultures who have a fractured wrist in a plaster of paris cast without facing challenges?

These research questions will be answered in the results with a detailed literature review using qualitative content analysis to analyze it and will help us reach the aim of the study.

3 THEORETICAL FRAMEWORKS

3.1 DOROTHEA OREM

Dorothea Orem's theory talks about the self-care theory, the self-care deficit and the theory of nursing systems. Her conceptual framework had its precise basis in 1958 and aimed at outlining nursing as an area of knowledge and an area of practice. The combination of these two brought the birth of nursing systems. It forms a hypothesis that can be tested and provides a good example for health promotion and health maintenance. Her theory will be used here to describe the nursing care process and talk about the self-care needs of the patient as well the nurse. A nursing system is, accordingly, something built through achievements, accomplishments, interventions and practical works of nurses and patients. (Orem 1991)

3.1.1 SELF-CARE THEORY

The theory of the self-care is a procedure to which nurse personnel's educate patients to be able to take care of themselves on their own accord in order to help preserve life, health and mental well-being. The self-care agency is a human capability to which it is defined as the strength in being a part of self-care. The action pressed towards the supply of self-care is termed as self-care requisites, in order words requirements. Moreover, the therapeutic

self-care demand is the collection of self-care actions to be done for a period of time in order to attain the self-care requirements. (Orem, 1991)

3.1.2 SELF-CARE DEFICIT

The theory of a self-care deficit talks specifically about when a nursing theory is required. The type of nursing required for this is when a person is not able to provide self-care. Orem classified five means of helping and they are: to guide others; to do things for others; to support one another; to supply a safe atmosphere in assisting in the development of others as well as teaching and educating others. (Orem, 1991)

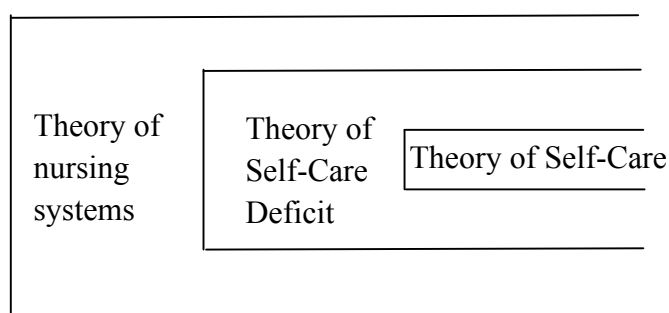


Figure 1, Self-Care Deficit inspired by Orem, 1991

3.1.3 NURSING SYSTEM

A nursing system describes how the nurse helps the patient carry out his/her self-care needs. It also recognizes three groups of nursing system that meet the self-care requirements of the patient. The systems are supportive and have a very good educational system that is used in education at all levels. A technology can therefore be defined as an established fact about a procedure or a method has an effect on a wanted result through conscious effort, with or without the usage of equipment. (Orem, 1991)

According to Orem 1991, the nursing process consists of a procedure that decides the self-care deficits and then explains the roles of patients and nurses in order to meet the self-care needs. With assessment, Orem meant diagnosis and prescription. Designing the care plan for effective transfer of care as well as generalizing and managing the nursing systems.

Data is collected about the patients' health from the physician and from the patient. Nursing diagnosis refers to the designed system that must wholly or partly be educative and supportive; the selection of many different ways to help the patient overcome the self-care deficits. Moreover, in implementation and evaluation, the nurse helps the patient and the patient's family in these areas to attain good healthy results. (Orem, 1991)

3.2 MADELEINE LEININGER – THEORY OF CULTURE CARE DIVERSITY AND UNIVERSALITY

Madeleine Leininger's theory of culture care diversity and universality talks a lot about methods to approach care in a way that means a lot to the people in which the care is given. Her theory was acquired from the branch of anthropology and nursing. Transcultural nursing was, therefore, explained by Leininger (1985b, 1988b, 1988c, 1988d) as an area that concentrates on the corresponding study and review of different cultures and subcultures in the whole world in respect to their caring values, expressions and health-illness beliefs and form or types of behavior. The main aim of the theory was to find and identify human care diversities and universalities in relation to worldview, social structure and other dimensions and many different ways to give culturally suitable care to people in different or same cultures so as attain their well-being. (Leininger, 1985b, 1988b, 1988c, 1988d)

Leininger's (1988b, 1988c, 1988d) theory includes the discovery of a holistic and complete culture care that can be applied to both Western and non-Western cultured. It also exists on the theoretical as well as practical levels that are constantly tested in order to attain compatible care results. The theory outlines factors that influence human care, such as social structures, worldview, generic and professional care, language, ethno history and the environmental framework. It focuses particularly on diverse cultures and three theoretical practices which support care actions that will enhance wellbeing, health and cultural expression. Lastly, it can develop new knowledge in nursing and health care which will contribute to a culturally compatible, accountable and safe care. (Leininger, 1985b, 1988b, 1988c, 1988d)

3.2.1 SUNRISE ENABLER MODEL

Leininger developed the sunrise enabler to describe the important features of the theory. The sunrise enabler represents the rising of the sun (care), whilst the upper half of the circle describes the components of social framework and worldview. The enabler serves as a conceptual guide or cognitive map to help nurses in the systematic study and review of the theory. (Leininger, 1985b, 1988b, 1988c, 1988d)

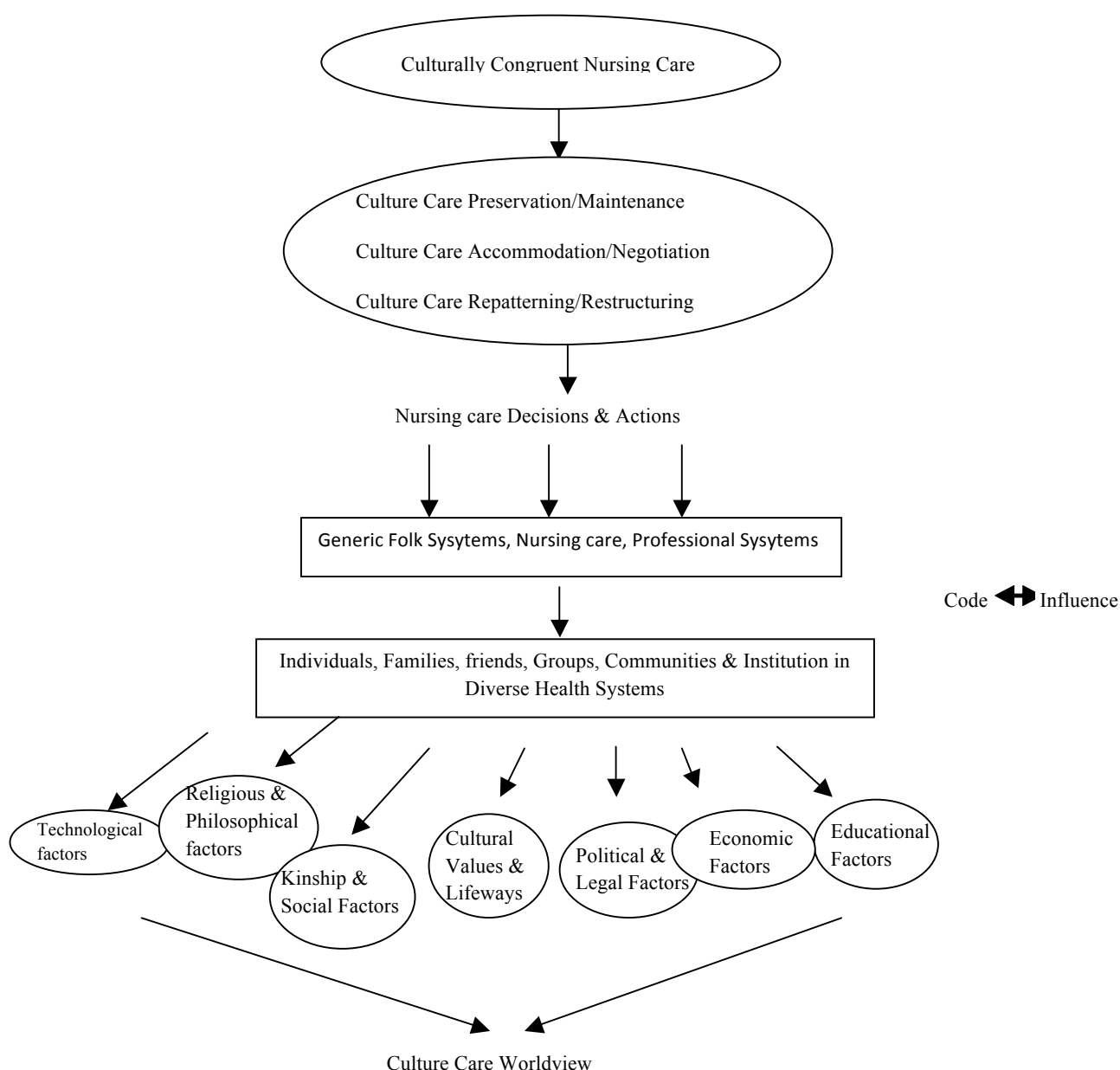


Figure 2, Sunrise Model inspired by Leininger (1985b, 1988b, 1988c, 1988d)

3.3 CULTURE

Culture, as defined by merriam-webster is the *‘beliefs, customs, arts and the way of life of a particular society, group, place or time’*.

The concept of cultural competence in the nursing field is very important. Language problems and some barriers into the caring era are because of the growth in population. Madeleine Leininger’s theory on cultural care diversities features of the discovery of holistic and a complete culture care to which her theories can be both used in the western as well as non-western cultures. The theory includes both theoretical and practical levels that are tested constantly to attain culturally compatible and agreeing care results. The cultural consciousness of a nurse is seen as unconsciously incompetent to unconsciously competent. Also, in Campinha-Bacotes model it viewed cultural competence as a process instead of an end result. It further talks about cultural awareness, cultural desire, cultural knowledge, cultural skills and cultural encounters as a cultural competence assessment tool. (Dudas, 2012)

3.3.1 CULTURAL COMPETENT CARE

Cultural Competence is defined as: *‘the capacity to draw effectively upon cultural knowledge, awareness, sensitivity and skillful actions in order to relate appropriately to and work effectively with others from different cultural backgrounds’* (Len Sperry 2012). Cultural competence is broad and it entails five basic levels that are: the reflection of an increased level of social interest; It supports acceptance, participation and difference; it entails different dimensions; cultural competence ranges from very low to very high; it is identified by the extent to which the dimensions are influential and a moderate level of competency is needed from a productive professional work. These basic levels of cultural competence is important for a productive, skilled and qualified practice, as this leads to a high level of understanding, respect, to relate to and interact productively with other individuals from different cultures. (Sperry, 2012)

Also, working with culturally diverse patients brings out more ethical issues. It is essential to follow specific guidelines when working in a hospital setting, for example knowing more about the patient’s background, their beliefs and their view on health and diseases.

Language is the instrument by which families connect with each other. A major problem may arise if patients and families get wrong information and are misguided. (Congress, E, 2004)

3.4 INFORMATION GIVEN TO PATIENTS WITH FRACTURED WRIST

Information can be given in a verbally form or in a written form on a piece of paper. The type of information to give is basically the nursing education nurses give to patients to carry out after receiving a cast. These are simple rules of which the patient must implement. There are different interactions and understandings between nurses and patients. Nurses have an important role to play because they must ensure that patients are pain free and get the best care given. The nurse must therefore understand each patients needs as well as exploring the different ways in which they interact with them. (Jangland et al, 2011). Nurses give information to patients from different cultural background and it is important that the nurse carry across the information in a culturally competent manner to which the patient will understand and carry out. According to Vasa Central Hospital (to be found in my work cited), they have a list of guidelines and care that patients must follow following the application of plaster cast and their discharge home. They are:

DO'S

- Apply ice for the first 24-36hrs to reduce swelling. (Ice can be put in a plastic bag and placed over fracture site in order to prevent cast from getting wet).
- Cover cast with plastic bag when going to shower.
- Elevate arm slightly above heart level by placing on a pillow and relaxing as much as possible.
- Protect cast from getting wet.
- Fingers must be exercised so as to keep blood circulating.
- Report any signs of swelling, pain or foul smell after cast application.

DON'T'S

- Do not make the cast wet.
- Do not insert any object into the cast.

- Do not scratch skin under cast.
- Do not carry weight on cast for about 48 hours.
- Do not cover the cast with plastic for a long period of time.
- Do not engage in hard labor or drive after cast application.
- Do not shorten or reshape the cast.
- Do not go to sauna after cast application.

3.5 PREVIOUS RESEARCH

A study published in 1935 by S.H Freeman outlines the treatment of fractures with plaster of paris cast. It described how plaster of paris is made and how it is effective for treating fractures. Its application is easy and it provides a good immobilization technique that helps fractures heal effectively. The plaster is made in three procedures: the first being the application of plaster bandages while it is wet, the second stage being carving and shaping the device around the fracture site and the third stage being trimming the plaster device. This article further on discusses fracture cases that require plaster of paris as a treatment option as well as its advantages related to economy and comfort (Freedman, 1935). I chose this article in order to compare how plaster cast was made in the early times together with treatment and how it's been made now.

4 LITERATURE REVIEW

Aveyard (2010) defines literature review as *'the comprehensive study and interpretation of literature that relates to a particular topic'*. Research questions are recognized and they are used to interpret the results by looking for and evaluating important literature using a more systematic method.

Important literature was found through Novias Nelli-portal and CINAHL, EBSCO, literature books, databases, articles and the web (updated versions only). I read through all the titles and the abstracts before considering an article. Articles were searched for with the

name cultural competence and nursing care using Cinahl and Ebsco. An earlier article found dated from the year 1935, and was included in the previous research because it had information on how plaster cast was treated in those times together with treatment options, and comparing it to that of now. The literatures searched are summarized in the appendix in a table format. The key words used in my research were: nursing care, wrist, patients, plaster of, treatment, patients, immobilization, information, culture, conservative, fractured wrist, cultural competence, distal radius fracture as well as plaster of paris.

4.1 INCLUSION AND EXCLUSION MODELS

In this chapter, some articles were chosen, others were not chosen, and those chosen fell in line with the key words and had the information I sought for, whilst those excluded had none. Those chosen were more relevant and gave detailed reviews. Articles searched for dated between the years 2002 to 2013. An overview of 13 articles chosen will be constructed in a table format in the appendix.

INCLUSION MODELS	EXCLUSION MODELS
Articles that were relevant to the studies	Articles that were irrelevant to the study
Articles that were free and required no signing-in or passwords	Articles that required signing-in
Articles that were in a PDF and full text format	Articles that were non-scientific
Articles that had abstracts and good contents	Articles that were not published in the English language
Articles that were scientific	Meta-analysis articles were not used
An article dated from 1935 was included to explain how plaster cast was made in the olden times and now.	

5 METHODOLOGY – QUALITATIVE RESEARCH

A qualitative research method was used for this study. Qualitative research involves the naturalistic methods of analysis to attempt the issues of human complications by investigating them. (Polit & Beck 2008) It is the analysis of phenomena, an in-depth and in a holistic way by the acquisition of components using a much more adjustable research design. Qualitative materials are more narrative and are based more on inner feelings than just facts. Researchers have by far in a naturalistic culture highlight more on the complications of humans, their capability to make their own experience believe that truth comprises of realities. (Polit & Beck 2008)

Types of questions researchers put across includes: what a phenomena is; what are the dimensions of the phenomena; what is the full nature and description of a phenomena; to those these phenomena are experienced and also how this phenomena works. A qualitative research often contains: a study participant or key informant; a researcher or investigator; a phenomena and concepts; a theory, conceptual framework and a theorist; narrative descriptive data; patterns of association as well as inductive reasoning. Qualitative research is more adjustable and narrative and it involves the merging of different data collection methods (Polit & Beck 2008).

5.1 CONTENT ANALYSIS

Content analysis is the process whereby the narrative, qualitative information are grouped and merged in uprising themes and concepts. This further explains the disintegration of data into smaller types, giving these smaller types names giving the orders in which they represent. Some physical pieces and types are characterized by length, time and size but do not include type of data. Semantic or syntactical differentiation or features are addressed to linguistics differences within the information including sentences, words and paragraphs. Categorical distinctions explain the units by finding out things they do have in common. Propositional distinction shares the units based on a particular development such as a clause. Thematic units identify units corresponding to themes. (Polit & Beck 2008)

Qualitative research analysis was used to analyze the articles gathered. According to White and Marsh, content analysis is an adjustable research approach which can be used in

information research and reviews. It can be practiced to other problems in research findings as well as used as a methodology on its own. Here, the researcher uses analytical designs as well as systematic designs and rules of interpretation and reasoning to proceed from the actual texts to the answering of the research questions. The two rules which are the text and framework (context) are reasonably autonomous, therefore the researcher concludes from one autonomous rule (the texts) to the other which is the context or framework. (White & Marsh 2006)

The systemic designs may come from: a current theory or practice; the know-how and skills as well as knowledge from professionals and also from earlier research. Most importantly data retrieved for content analysis reviewing must be useful and also be able to answer research questions. There are seven different principles for describing a text or content. They are: union (cohesion); coherence; phenomenology (intentionality); acceptability; informative; situational and intertextual. (White & Marsh 2006)

The suitable text for content analysis is built up of semantic and grammatical essential features that are grouped in a straight and direct order which follows the rules of grammar and uses tools such as frequencies and repetition of words, grammatical substitutes that has the same reference as the following word or phrase and also combination to make the components attach together and form a message. The data must also be able to communicate and send messages from a sender to a receiver. Qualitative content analysis are more inductive and the research questions guide the data been gathered and analysis follows up. It is naturalistic and talks about hermeneutics as well. (White & Marsh 2006)

6 ETHICAL CONSIDERATIONS

In qualitative research, humans are mostly used as a key informant, a key research tool, so therefore care must be taken in order not to expose the informant and also to make sure that their rights as individuals are highly protected. There are many ethical principles that must be implemented and used in order to protect an individual. There must be justice whereby it talks about the right to fair treatment, everybody been treated fair and equal and the right to privacy; every individual must be respected according to their wishes. (Polit & Beck 2004)

Also, piracy, academic deceit as well as misrepresenting end results are some concerns which must be taken into consideration. With piracy or plagiarism, unauthorized copying of other peoples work should be restricted. Articles and journals published by people must be written in a different format, so that you do not end up writing the same text as it was in the articles. Academic deceit is a situation whereby an article been published was intentionally misrepresented by the researcher, thereby forging end results and conclusions that are not precise. In regards to misrepresenting results, researchers must be careful not to misrepresent data or results but rather follow up with an accurate end result which can be understood by the reader. Also, the results must emphasize more on the research aims and question, and it must not be deviated. (Polonsky, 1998)

Gilligan (1982) started the debate on ethics with his main target on the situation itself and the fair consideration on ethical issues. The fair consideration is an aspect of justice and ethical thoughts and does not include the level of caring in the link. According to Code of Ethics for Nurses 2001, all professional nurses have an obligation to be able to take care of patients assigned to them. (Gilligan, 1982)

7 RESULTS

Qualitative content analysis played a major role in analyzing the data. Critical analysis of the literature provided me with answers to the research questions. The analysis outlined the treatment of a fractured wrist in a plaster cast and I narrowed them down into new findings. The details were compiled into facts about the type of care that should be given. This chapter consists of a summary of the results from the literature review that helped in answering the research questions. The results are grouped in themes and in sub-categories.

Communication as well as modes of transferring information or giving out information is also a factor to consider when dealing with patients from different cultures. This also means having deeper knowledge of a patient's background and knowing their traditions and cultures and caring for them in a culturally competent way, thereby achieving a culturally competent care at the end. In the results below, there were three themes identified and they are: nursing care for wrist fractures, providing cultural nursing care and communication.

7.1 NURSING CARE FOR WRIST FRACTURES

There are different nursing care plans and treatment options for patients with a fractured wrist. The treatment of Colle's fracture in emergency settings especially on how to treat the fracture and also about the advantages and disadvantages of using a hematoma block to relieve pain during the fracture reduction are some of the things discussed in the articles. Hematoma is usually formed around the ends of a broken bone and the hematoma block is given to help relieve the pain associated with fractures. Patients are put in a comfortable positions for example sitting or lying down before the application of the block. (Summers, 2005)

There are different treatment methods and collaborative care options for wrist fractures. Some include fracture reduction (Internal and external fixation), percutaneous pinning, and fracture immobilization (cast) as well as surgical methods. This discussed the usage of closed reduction, cast immobilization, internal and external fixation for Colle's fracture. It further discussed the importance of the treatment options and their effectiveness. It aimed at determining the most suitable treatment for the fracture. (Handoll & Madhok, 2008)

Compensatory mechanisms are often used following the treatment of Colle's fracture. Patients with wrist injury can have rehabilitation to restore the function of the wrist. After the removal of cast or other treatment methods such as external or internal fixations, patients can go back to their normal daily lives with the help of physical therapy and rehabilitation, dietary intake and personal hygiene. (Bialocerkowski & Grimmer, 2004)

Management of distal radius fractures as reviewed in the article states the effectiveness and surgical interventions used are the main options for managing the fracture. It further states that through the interviews, it finalized the data by stating that there is little evidence to the complete guidance to the management of the wrist fracture, thereby making the conservative and surgical treatment options has the ability to create problems such as pain and disability of the wrist. (Handoll & Madhok, 2002)

The nurse assesses the neurovascular systems (temperature, color, edema, pulse and also pain), plan (the goal for the patient with a wrist fracture is to have full healing as well as relieved from pain), implementation (promotion of health and patient education) and evaluation of care. Following the nursing care and treatments for wrist fractures, it also includes pathophysiology, treatment and nursing care following fractures. It talked about fractures in general and the nursing care methods used to assess the patients having

fractures. Also, reduction is done to replace the normal bone adjustment; Immobilization is done to make sure that the bone is supported until the bone joins together and rehabilitation done to recover to normal functions or to manage impairment. Nurses must ensure to monitor the hemodynamic status of the patient, monitor for any complications to arise and help with pain management as well. (Whiteing, 2008)

Closed reduction method was also another treatment option used for Colle's fracture. Anesthetic treatments for Colle's fracture includes: hematoma blocking, intravenous regional anesthesia, regional nerve blocks, sedation and general anesthesia. Each procedure has its own complications and side effects and can create problems such pain which can interfere with the procedure. (Handoll & Madhok, 2009)

In the cases where patients cannot understand the language, or when there is a communication barrier limiting both the nurse and patient to understand each other, professional interpreters can be involved to help convey the information across. The information can be given in a verbally form or in a written form and must be in the patients language in order for them to understand. It is important that the nurse ensures that the patients feel as safe, comfortable and for them to receive the best healthcare possible. Also, the translation must be culturally relevant to the patients and correct. (Dudas, 2012)

7.2 PROVIDING CULTURAL NURSING CARE

Nurses are faced with challenges and some are caring for patients from different cultural backgrounds. According to Williamson & Harrison (2012) a subjective approach to this targets the customs, traditions and beliefs of the patient. This approach is likely to provide information about different cultural groups which is then used to improve the general method of care. The second method focuses on the social context of patients. Modernization and globalization involving migrants have added to the cultural context. Transcultural nursing has been effective in many diverse ways. People from different cultural backgrounds have different values and approaches to life that are different from the care giver. Getting to know the customs and beliefs of different groups is important for suitable care of patients. (Williamson, Harrison 2012)

Cultural safety is '*the effective nursing practice of a person or family from another culture and is determined by that person or family*'. The nurse delivering the nursing care will take into consideration the cultural difference and will reflect on his or her own cultural background. Cultural safety is further described to exceed practices, beliefs and values of ethnic groups. Restricting studies to practices, customs and rituals of a particular cultural group consider that the studies of one area give knowledge to the complications of human characters, traits and social phenomenon. (Council of New Zealand 2005)

7.2.1 CULTURALLY CONGRUENT CARE

An article published by Ekman et al (2007) talks about the elderly Finnish people living in Sweden and how they are cared for in a cultural competent way. It further states that cultural congruence is an essential part of caring and it helps to enhance the customs and beliefs of Finnish people. In an elderly home in Sweden, the Finnish patients did not quite understand the Swedish language so this brought about incompetent care delivery. In the home, there was a common language spoken there that eased the communication level. The differences associated with the communication problems were totally avoided because they all spoke and understood Finnish. The congruence level in the Finnish home was established in understanding concepts of the common languages been spoken as well as the customs, beliefs and traditions of the people. (Ekman et al, 2007)

7.3 COMMUNICATION

Communication is an important tool in the delivery of nursing care in a multi-cultural environment. An article reviewed from Australia talks about the multi-cultural society how they are faced with communication problems. Patients from these cultural backgrounds expect the nurses to communicate and provide culturally congruent nursing care. In cases where nurses and patients speak different languages, a problem arises. It further states that nurses must avoid the western cultural deception by recognizing their own cultural values and beliefs and accepting that there are people from other cultural backgrounds with their own beliefs. (Purnell, 2000; Cioffi, 2003)

It also described the nurse's experience of communicating with patients. There were difficulties which arose especially during night shifts and weekends since most interpreters were not around. Nurses were to inform the interpreters and book appointments with them

for the patients as soon as they become conscious of the patients inability to communicate. (Cioffi, 2003)

7.3.1 USE OF BILINGUAL HEALTH WORKERS

Bilingual health workers were also identified to be of help when dealing with patients from different cultures. There are other nurses who can speak the language of some patients so some nurses rely on these bilingual nurses to help carry messages across.

'We have bilingual health workers here. I find the types are not enough to cater for the diverse patients that we have in the hospital.' (Cioffi, 2003)

Nurses used telephone interpreters when they could not have sessions with interpreters.

'A patient going for an angiogram was consented a week ago with an interpreter. When I went to see if he was okay with going tomorrow he goes like 'what'? So I got a phone interpreter and explained it all...' (Cioffi, 2003)

Nurses also explained how these bilingual healthcare workers added to the patient's confrontations by resolving patient-centered problems.

'They give us a clearer picture about what is happening. They help us sort of tailor our care to the woman and also they give us a bit more of an idea about her education level. We wouldn't have any idea if their language isn't good.' (Cioffi, 2003)

'If we have a situation where there is a lot of emotion the bilingual health workers are very helpful. They are sort of go-between the family and what is perceived as institutional. It just diffuses the situation...reduces tension a lot.' (Cioffi, 2003)

7.3.2 FAMILY INVOLVEMENT IN INTERPRETATION

Nurses used other means to communicate with patients when the interpreters were not available. Family members were used to interpret for patients but also it came with difficulties.

'The family comes in quite handy for communicating everyday things.' (Cioffi, 2003)

Also, some nurses expressed discomfort and were unhappy with the use of family members in interpreting to the patients.

'It can be a problem using the family members to interpret. There may be things that the patient doesn't want to share with their son or daughter, even if they are adults, or they don't want their husband to know about. If you have a terminal illness you may want to talk about your fear of saying and if that is causing distress to the person who is interpreting it can be very difficult'. (Gerrish, 2001)

Using charts and sign or body language can help in these instances. Other nurses had to learn some few words in the patient's language so as to be able to communicate in simple terms with the patient.

'You can't always get an interpreter when you want them. You use sign and body language.' (Cioffi, 2003)

7.3.3 USE OF PROFESSIONAL INTERPRETERS

Interpreters are widely used nowadays in healthcare settings to help convey messages across to patients who do not understand and speak English. However, there are also some few challenges associated with these interpreters and nurses express their concern over it- In an article published by Gerrish (2001) it gave highlights on South-Asian patients who did not understand and speak English in the United Kingdom. Even though there were different numbers of interpreters used in interpreting for these South-Asian patients, some nurses expressed their concern over the ineffectiveness of these interpreters. (Gerrish, 2001)

'Often it's impractical to use interpreters. If I call on a new referral who needs a wound redressed but who doesn't speak English, I can't wait two days for an interpreter. They need the care there and then and I have to draw upon whoever is available to help me communicate... However, if I picked up that there was an issue that warranted an interpreter, then I would arrange it for a later visit' (Gerrish, 2001)

'It would be impossible to use an interpreter for all patients who don't speak English. In any one day I might visit four or five patients who can't communicate in English, but often

I don't know in advance what the situation will be and what South-Asian languages they speak....' (Gerrish, 2001)

Organizing and creating efficient ways of communicating with patients from different cultural backgrounds is a major challenge for nurses and this affects the delivery of quality care. Family members, professional interpreters, bilingual healthcare workers as well as using sign and body language can help sometimes, but it still remains a challenge.

7.3.4 LANGUAGE

Language barriers in healthcare can have a big impact in the safe delivery of healthcare. It is a big problem and it interferes with the delivery of quality care. Nurses in general are affected by the language awareness and their attitudes towards it. Although there are many scopes of language competency, many nurses seem to be conscious and keen to the communication needs of the patient try to use the patient's language in a social situation. This article particularly talks about the indications for the growth of language education which will have a flashback on the minority language speakers in a cross cultural environment. (Roberts et al, 2007)

The strong interaction between language competence and attitudes has some factors which are involved in forming a legal language attitude in health care. There are important deficits pertaining to language practices that interfere with the health of many patients in the multilingual context. Therefore cross cultural communication is improved by the nurses' language attitudes and approach levels. (Roberts et al, 2007)

8 CRITICAL REVIEW

The main aim for this thesis was to describe how nurses can care for patients from different cultures with a fractured wrist in a plaster of paris cast. I used Larsson's (1994) principles on how to carry out critical review and also Streubert and Carpenters (1999) criteria on qualitative research in nursing.

According to Streubert and Carpenter, there is the issue of trustworthiness (creation of credibility and validity). Gathering of the articles for this thesis was difficult and a major

obstacle preventing me to explore more on the field, and there were not many articles published covering the desired topic, only some few related ones. Credibility therefore, is defined as ‘a term that relates to the trustworthiness of findings in a qualitative research study’; whereas validity is defined as ‘the degree to which an instrument measures what it was designed to measure’. (Streubert & Carpenter, 1999)

According to Larsson, quality criteria and qualitative methodology is about how to identify and distinguish something to make a meaning. Larsson made note of two important criterions, which are Perspective awareness and internal logic. Perspective awareness is relatively the truth behind a detailed text. There is an interpretation in any meaningful thinking and the facts are dependent on perspective. To have previous knowledge and understanding begins the exploration of interpretation. Pre-understanding as stated by Larsson (1994) means assumptions and attitudes to which a person brings to the awareness and interpretation of reality. It can have its basis from worldview, literature review, and life-attitude and also own experiences (Larsson, 1994). Internal logic contributed to the part where all topics in a research are reviewed and put together and in harmony. The discussion part talks about the final work as to whether it answered the research questions and whether the research is logic and all parts are combined to make it complete (Larsson, 1994)

Limitations in this thesis writing were due to the restricted number of articles found concerning the topics. Articles were difficult to find, using different keywords in searching for the articles gave me other articles from other countries as well. Despite limitations I chose to focus on articles that were published in English. Also, most articles found from correct sources had passwords to which you must register first, so that hindered my progress in getting other articles that had the topics I sought for.

9 DISCUSSION

In this chapter, using the theorist and their works together with the results from the literature reviewed will be displayed. The aim of this study was to describe how nurses can care for patients from different cultures with a fractured wrist in a plaster of paris cast. There are different people from different cultural backgrounds and each has their own unique way of life and beliefs. The study sought to increase the understanding of the

different types of cultures there are and the culturally competent care that is given to patients. It further explains the nursing care types and patients receiving home care, how to take care of themselves after receiving treatment.

Dorothea Orem's theory on self-care talks about procedures to which patients perform on their own accord in helping to preserve life, health and mental well-being. Her theory on nursing system explains how the nurse and the patient's wants will attain a patient's self-care. Also, her theory talks about diagnosis, an idea of the care plan for the productive transmission of care as well as management of the nursing systems. Data is collected about the patients' health, from the physician, from the patient, as well as the patient's own ability to take part of the self-care. Furthermore, in implementation and evaluation, the nurse helps the patient together with the family in these areas to attain good results.

Madeleine Leininger's theory is about culture care diversity and universality talks a lot about methods of approach to care that means something to the people in which the care is given. The main aim of her theory was to find and identify human care diversities and universalities in relation to worldview, social structure and other dimensions and many different ways to give culturally suitable care to people in different or same cultures so as attain their well-being. This can be related to the culturally competent information and nursing care given to patients with a fractured wrist in a plaster of paris cast. Patients need information as to how to take care of their plaster cast after application and discharged home so as not to cause more injury and damage to it. Leininger's (1985b, 1988b, 1988c & 1988d) theory aims at the factors that have an effect on human care with some consisting of worldview, professional care, language, ethno history and the environmental framework. It goes on to specifically focus on different cultures which have actions that help to assist wellbeing, health and the adequate life ways and culture of people as well as the holistic and cultural nursing care given to patients. (Leininger, 1985b, 1988b, 1988c, 1988d)

In the context of Leininger's (1985b, 1988b, 1988c & 1988d) theory, giving culturally competent care starts from the worldview, and then structured into cultural and social dimensions. These dimensions produce cultural values and life ways, social factors, religious factors, technological factors, political factors, economic factors as well as educational factors. The influences and care patterns leads to a holistic health of the person. Individuals, families, friends, groups, communities and institutions are all affected by the nursing care decisions and actions been made. These decisions and actions made

helps in preserving culture care and restructuring it to give a culturally competent nursing care for the people. (Leininger, 1985b, 1988b, 1988c, 1988d)

According to Cioffi (2003), these communication barriers and language barriers limited the nurses to understand the patients and culturally care for them. Poor communication between nurse and patient has a big effect and impact on the self-care skills of the patient. In the results, it was found that there were different interpreters been used as a core factor in sending messages across, as well as family members and bilingual health workers, however, not all nurses felt comfortable with that and some expressed their concerns over the challenges it came with in the delivery of care. (Cioffi, 2003)

Although there are still new research been conducted on different treatment options as well as care methods for wrist fractures, it still comes down to the important thing, which is how to give out the information to the patients affected and how to care for them in a cultural manner. There are barriers everyday limiting nurses on how to care for patients with a fractured wrist and communication barrier is one of the biggest limitations. Another interesting observation made whilst conducting the research was on the findings I came across, some articles dating back to the early times and how it shows that plaster of paris cast is not a newly generated treatment option, but an old treatment option. Plaster of paris cast is used everywhere in the world where available. We face challenges as nurses nowadays, and it becomes easier sometimes when you meet people (patients) who speak the same language with you, so there wouldn't be any need of fumbling with words to say or struggling to understand what the patients are saying. Also, there are interpreters who can interpret to you the message needed to be carried across, or from the patient to the nurse, so that also becomes easier and takes the heavy load off our shoulders. Using language competence and attitudes can equally provide a culturally safe and quality nursing care to patients.

The real knowledge that has been acquired in this study is that nurses are able to inform patients on the nursing care and treatment options as well as give culturally competent information about how to take care of their plaster cast. Because of the high rates of distal radius fractures in the elderly, it is a common health issue which must be managed the right way, and treat patients from different cultural backgrounds with respect according to their own beliefs and life-ways. Although there are some challenges nurses face when providing nursing care for patients from different cultural background, it still becomes

clear that more knowledge and skills must be acquired on different cultures so as to provide a culturally competent care to patients.

WORK CITED

A nurse guide to distal radius fracture / colle's fracture (information to give): Voda, MSN, RN_C, ONC; 40, Nursing 2011, August
<http://www.nursingcenter.com/pdf.asp?AID=1197505> (retrieved 30/10/2012)

Alligood M. R., Tomey A. M *Nursing Theorist and their works (Madeleine Leininger)*, 7th Edition; Mosby Inc; p 454.

American Nurses Association (ANA) 2001, Code of ethics for nurses with interpretive statements. Silver Spring, MD: Author

American Society for Surgery of the Hand www.handcare.org (retrieved 25/09/2013)

Aveyard, 2010, *Doing a Literature Review in Health and Social Care: A Practical Guide* 2nd edition. Open University press

Timby, 2009 *Fundamental nursing skills*, 9th edition, Lippincott Williams & Wilkins; p 567-568

Bailey M., Michalski J. *Close up on colle's fracture*, Nursing, October 1992, Vol. 22, Issue 10, p 47

Bialocerkowski E. A., Grimmer A. K., *Compensatory mechanism use during the first 6 months following distal radius fracture* International journal of Therapy and Rehabilitation, October 2004, Vol 11, No 10

Cast care
http://www.vaasankeskussairaala.fi/In_English/Patients__Customers__Visitors/Day_Surgery/At_home_after_the_surgery/Cast_treatment_instructions (retrieved 29/10/2013)

Chen N, Jupiter J. *Management of distal radial fracture* The journal of bone and joint surgery vol 89-A, number 9, September 2007, 2051-2062)

Cioffi J (2003) *Communicating with culturally and linguistically diverse patients in an acute care setting: nurses' experience* International Journal of Nursing Studies 40 (2003) 299-306

Congress E (2004) *Cultural and Ethical Issues in Working with Culturally Diverse Patients and Their Families: The Use of the Culturagram to Promote Cultural Competent Practice in Health Care Settings* The Haworth Press, 2004, p249-262

Cummings & Melton (2002). *Epidemiology and outcomes of osteoporotic fractures*. Lancet 2002; 18; 359 (9319): 1761-7

Dudas (2012), *Cultural Competence: An Evolutionary Concept Analysis* Nurse Education Perspect, 2012 September, 33 (5), 317-21

Definition of Colle's fracture <http://www.webmd.com/a-to-z-guides/colles-fracture> (retrieved 28/10/2012)

Ekman et al, (2007) *Culturally Congruent care for older people: Finnish care in Sweden* Scand J Caring Sci; 2007; 21; 354-361

Encyclopaedia Britannica. *Encyclopaedia Britannica Online Academic Edition*. Encyclopædia Britannica Inc., 2013. Web <http://www.britannica.com/EBchecked/topic/463673/plaster-of-paris> (retrieved 28/10/2012)

Flinkkilä et al (2011) *Epidemiology and seasonal variation of distal radius fractures in Oulu, Finland*. Osteoporos Int 2011; 22: 2307–12

Freeman (1935) *The treatment of fractures with plaster of paris cast*, M.D, Meharry Medical College; journal of the national medical association, February

Gerrish K, 2001 *The nature and effect of communication difficulties arising from interactions between district nurses and South Asian patients and their care givers* Journal of Advanced Nursing 33(5), 566-574

Gilligan, C. (1982) *in a different voice* Cambridge, MA: Harvard University Press

Handoll et al (2009) *Anesthesia for treating distal radial fractures in adult* the Cochrane collaboration; Wiley publishers; 2009 issue 1

Handoll & Madhok (2009) *Closed reduction methods for treating distal radial fractures in adults* the Cochrane collaboration; Wiley publishers; 2009 issue 1

Handoll & Madhok (2008) *Conservative interventions for treating distal radius fractures (colle's fracture) in adults*; the Cochrane collaboration; Wiley publishers; 2008.

Handoll et al (2002) *Managing fractures of the distal radius in adults* Acta Orthop Scand (Suppl 305) 2002; 73

Janlang E et al 2011 *Surgical nurses' different understandings of their interactions with patients: a phenomenographic study* Scand J Caring Sci; September 1 2011, 25, 533-541

Kannus P et al. (2005). *Fall-induced deaths among elderly people. American Public Health Association*, 95 (3):422-424

Kardong-Edgren et al 2005 *Cultural Attitudes, Knowledge and Skills of Nursing Faculty Toward Patients from Four Diverse Cultures* Journal of Professional Nursing Vol 21, No 3 (May-June), 2005: PP 175-182

Larsson, S. (1994). *Om kvalitetskriterier i kvalitativa studier*. In: Starrin, B. & Svensson, P-G. (ed.) *Kvalitativ metod och vetenskapsteori. Lund: Studentlitteratur*

Lewis et al (2011)., Camera M. I., *Assessment and Management of Clinical Problems Medical-Surgical Nursing*, 8th ed, 2011 (p 1590-1591)

Mallmin H, Ljunghall S. *Incidence of Colles' fracture in Uppsala. A prospective study of a quarter-million population*. Acta Orthop Scand 1992; 63 (2): 213-5

Nursing Council of New Zealand (2005). *Guidelines for cultural safety, the treaty of Waitangi and Maori health in nursing education and practice*. Nursing Council of New Zealand, New Zealand

Orem, (1991), *Nursing concepts of practice*, 4th edition, Missouri; Mosby yearbook Inc; p 62; p 117

Polit & Beck, (2008), *Nursing Research, Generating and assessing evidence for nursing practice*, 8th edition; Lippincott company;

Polonski J 1998 *Ethical Considerations* p5353 Chapter 5. Sage pub

Purnell, L., 2000. *A description of the purnell model for cultural competence*. Journal of Transcultural Nursing 11, 40–46.

Roberts (2007) *Language awareness in the bilingual healthcare setting: A national survey* International Journal of Nursing Studies 44 (2007) 1177-1186

Schmalholz A. (1988) *Epidemiology of distal radius fracture in Stockholm 1981-82*. Acta Orthop Scand 1988; 59 (6): 701-3

Self care deficit theory
http://currentnursing.com/nursing_theory/self_care_deficit_theory.html (retrieved 30/10/2012)

Sperry L (2012) *Cultural Competence: A Primer* The Journal of Individual Psychology, Vol 68, Issue no 4, December 2012, p310-320

Streubert H. Carpenter D 1999 *Qualitative Research in Nursing: Advancing the Humanistic Imperative* Philadelphia: Lippincott Williams & Wilkins.

Summers A 2005 *Recognizing and treating colle's fractures in emergency settings*, Emergency Nurse. 13, 6, 26-33. May 15 2005

The Human Skeletal system <http://www.britannica.com/EBchecked/topic/547358/human-skeletal-system> (retrieved 28/10/2012)

White, M. & Marsh, E. (2006) *Content Analysis: A flexible Methodology*. University of Illinois, Vol. 55, No 1, p 1-41

Whiteing (2008), *Fractures: pathophysiology, treatment and nursing care* Nursing Standard, September 2008, 17-23; 23 (2): 49-58

WHO *Global Report on Falls Prevention in Older Age*
http://www.who.int/ageing/publications/Falls_prevention7March.pdf (retrieved
26/10/2013)

Williamson M & Harrison L 2010, *Providing Culturally appropriate care: A literature review* International Journal of Nursing Studies 47 (2010), 761-769

<http://www.merriam-webster.com/dictionary/culture> *Definition of Culture* (retrieved
13/10/2013)

APPENDIX 1 - TABLE OF LITERATURE REVIEWS

Reference list/Bibliography	Aim and theoretical background	Method	Result
<p>Title: Compensatory mechanism use during the first 6 months following distal radius fracture</p> <p>Authors: Bialocerkowski E. A., Grimmer A. K</p> <p>Year: 2004</p>	<p>Aim: The aim was to describe the prevalence and type of compensatory mechanisms use over 6-months period following distal radius fracture.</p>	<p>Qualitative descriptive analysis</p>	<p>Compensatory mechanisms are often used following Colle's fracture. Patients with wrist injury can have rehabilitation to restore the function of the wrist. After the removal of cast or other treatment methods such as external or internal fixations, patients can go back to their normal daily lives by physical therapy, dietary intake, personal hygiene as well as rehabilitation</p>
<p>Title: Communicating with culturally and linguistically diverse patients in an acute care setting: nurses' experience</p> <p>Authors: Cioffi Jane</p>	<p>To describe nurses experiences of communicating with patients in an acute care setting.</p>	<p>Qualitative analysis and interviews</p>	<p>Interpreters, health workers and different approaches were used to communicate with patients. Some nurses showed an ethnocentric</p>

Year: 2003			orientation.
<p>Title: Culturally congruent care for older people: Finnish care in Sweden</p> <p>Authors: Ekman et al</p> <p>Year: 2007</p>	<p>To describe and explain how cultural congruency is used in care for older Finnish immigrants in order to enhance their well-being.</p>	<p>Qualitative ethnographic research</p>	<p>Cultural congruency is a major point in terms of caring. The daily use of the Finnish language was used and it directed to the preservation of the Finnish customs and beliefs.</p>
<p>Title: The nature and effect of communication difficulties arising from interactions between district nurses and South Asian patients and their care givers</p> <p>Author: Gerrish K</p> <p>Year: 2001</p>	<p>The aim was to analyze how policy directives concerning the provision of individual care were changed in their renewal into practice and the implications it carried for the care to patients from different cultural backgrounds.</p>	<p>Qualitative ethnographic approach</p>	<p>Over half of the Asian patients had insufficient knowledge and understandings of verbal English. The restricted use of professional interpreters and the reliance on family members to translate showed how ethnic patients were not good in English were highly underprivileged.</p>
<p>Title: Language awareness in the bilingual healthcare setting: A national survey</p> <p>Authors: G. W. Roberts et al</p>	<p>To examine the nature and extent of Welsh language awareness amongst healthcare professionals in Wales, UK</p>	<p>Quantitative questionnaires studies</p>	<p>The language attitudes in healthcare were determined by the Welsh language tool. It significantly states that they are</p>

<p>Title: Language awareness in the bilingual healthcare setting: A national survey</p> <p>Authors: G. W. Roberts et al</p> <p>Year: 2007</p>	<p>To examine the nature and extent of Welsh language awareness amongst healthcare professionals in Wales, UK</p>	<p>Quantitative questionnaires studies</p>	<p>The language attitudes in healthcare were determined by the Welsh language tool. It significantly states that they are more likely to use informal patient interactions such as giving of reassurance rather than formal encounters.</p>
<p>Title: Conservative interventions for treating distal radius fractures (colles' fracture) in adults</p> <p>Authors: Handoll HHG, Madhok R</p> <p>Year: 2008</p>	<p>Aim: To find the most suitable treatment method for distal radius fractures in adults.</p>	<p>Qualitative method and reviews</p>	<p>37 trials with 4215 females and older patients. The poor quality and assortments in terms of patient nature, interventions and measurements showed no meta-analysis done.</p>
<p>Title: Anesthesia for treating distal radius fracture in adults</p> <p>Author: Handoll & Madhok</p> <p>Year: 2009</p>	<p>To review and compile the effectiveness of the main approaches of anesthesia during the management of distal radius fractures in adults</p>	<p>Qualitative analysis</p>	<p>18 studies involved 1200 females and older patients. There was not much evidence provided with effect to the different approaches of anesthesia.</p>
<p>Title: Closed reduction methods for treating distal</p>	<p>Aim: to find the efficiency of the</p>	<p>Qualitative analysis and</p>	<p>Trials were made and one trial had no</p>

<p>Title: Managing fractures of the distal radius in adults</p> <p>Authors: Handoll & Madhok</p> <p>Year: 2002</p>	<p>Aim: The aim was to identify and examine the evidence of competent and productive conservative and surgical treatments in the management of distal radius fractures.</p>	<p>Qualitative analysis and reviews</p>	<p>About 75 trials involving 6,565 females and older patients were conducted. Some trials were between low and moderate quality. The results showed that a large number of interventions were used in the treatment of distal radius fractures; there was inadequate evidence from the trials for most of the interventions used and also there were surgical treatments with regards to good outcomes, but there were not enough data to clearly decide whether it was the most appropriate method for treating distal radius fractures.</p>
<p>Title: Recognizing and treating Colle's fracture in emergency settings</p> <p>Author: Summers A.</p>	<p>To describe the anatomy of the wrist and to identify Colle's type fracture and explain the</p>	<p>Content analysis</p>	<p>These nursing care treatments given to patients with Colle's type fracture can help reduce pain and help</p>

<p>Year: 2005</p>	<p>nursing care given to it.</p>		<p>patient not to spend more time at the emergency wards. Patients must follow their instructions and carry them out.</p>
<p>Title: Pathophysiology, treatment and nursing care</p> <p>Author: Whiteing N.</p> <p>Year: 2008</p>	<p>To talk about fracture types and the appropriate nursing care for patients with a wrist type fracture.</p>	<p>Content analysis</p>	<p>The nurse assesses the neurovascular systems (temperature, color, edema, pulse and also pain), plan (the goal for the patient with a wrist fracture is to have full healing as well as relieved from pain), implementation (promotion of health and patient education) and evaluation of care</p>
<p>Title: Providing Culturally appropriate care: A literature review</p> <p>Authors: Williamson M, Harrison L</p> <p>Year: 2010</p>	<p>To know how the concepts of culture has been explained and what approvals have been made, as to how to provide culturally competent care to patients from different cultural background</p>	<p>Qualitative Systematic review</p>	<p>The first method to culture was on the values, beliefs and traditions of a specific cultural group identified by language or location. The second method was includes culture within a broader more structural framework</p>

			concentrating on social positions to define health status rather than on individual behaviors and beliefs.
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APPENDIX 2 – TABLE OF LITERATURE SEARCHED

KEY WORDS	EBSCO	CINAHL
Nursing Care + wrist fracture	20 articles found (4 were chosen)	-
Cultural competence + communication	50 articles found (4 were chosen)	5 articles found (1 was chosen)
Plaster of paris cast + distal radius fractures	10 articles found (2 were chosen)	3 articles found (1 was chosen)