**Critical Review—Culture and Depression, A Case Example**

Name

Institution

**1. Citation**

Hemberg, J., Vilander, S. (2017). Cultural and communicative competence in the caring relationship of nurses with patients from another culture. *Scand J Caring Sci.* 31(4), 822-829. doi: 10.1111/scs.12403.

**2. Title: Is the title clear and concise (should indicate phenomenon to be studied & the type of individuals who will be participants)?**

Yes title is clear and concise and it indicates the phenomenon of study and type of individuals involved in the study e.g., nurses and their relationship with multicultural patients having different languages.

**3. Abstract ~ does it contain all expected aspects?**

Yes abstract contains following information; background of the study, aims and objectives, methodological designs and data collection tools, ethical issues, results, study limitation and discussion. This information summarizes the whole study within a single paragraph.

**4. Intro: Catch your interest? Purpose/problem clearly identified? Objective is to determine if the important components are present and appropriate? Identify these.**

Yes, at the start of introduction, it is defined how communication barrier limits the nature of nurse-patient relationship and in turn the course of treatment. Introduction presents the detailed description of title. It contains all the aspects of study e.g., multicultural population, their experiences, communication with nurses and its effects on their healthcare activities.

**5. Does the review indicate how the present study will contribute to the existing body of knowledge in that subject area?**

Present study seems a continuing thread of preexisting literature about multicultural nursing experiences however it incorporates the experiences of nurses along with the adults belonging to different culture, which makes this study unique. Hence, it contributes to the wide body of literature in distinctive manner.

**6. Setting, Patient Group and Sample Size**

Sample of 8 nurses and 2 adults from different cultures was drawn from the population using convenient sampling technique. Hence, total of 10 subjects participated in the study. Although it was a qualitative study yet this study utilized questionnaires as data collection tool. Inclusion criterion was not specified except the cultural difference between nurses and patients in terms of different speaking languages. Data was collected in hospital setting.

**7. Study Design**

This study used cross-sectional survey design (quantitative) and obtained data was analyzed using qualitative means e.g., hermeneutical approach in which text is analyzed using latent content analysis. Hence, this study used objective means of data collection while data analysis was done through subjective means.

**8. Data collection:**

**Where was data collected?**

Data were collected in the hospital setting.

**Did one or more researcher collected data?**

It was not mentioned how many researchers collected the data.

**Detailed procedures of how data were recorded?**

Data were recorded using open ended questionnaires in written form. Subjects jotted their responses down on paper.

**Were transcripts of the interviews reviewed for accuracy?**

It was made sure that items represent the problem issue in the most reliable manner—without being under and over-representative of problem topic.

**Were the qualifications of the individuals who reviewed the transcripts identified?**

Nurses were registered nurses (RNs) whereas patients were belonging to different culture (language). Moreover, for the patients it was ensured that they could understand the study purpose and items for corrected responses.

**9. Data analysis method clearly identified?**

Yes, this study used hermeneutical approach in which text is analyzed using latent content analysis.

**10. Key Results/Recommendations: What are they?**

Findings indicated that both nurses and patients focused more on the spiritual understanding of patient’s needs because care and love is universal phenomenon which does not require verbal expression. Patients instantly notice non-verbal gestures of nurses and undermine the significance of language in healthcare delivery. Hence, nurses must focus more on their non-verbal gestures while delivering care.

**11. What are the implications to practice? Will the results help you/me in caring for the patient?**

Although language acts as a communication barrier however in the healthcare setting, the sensitivity of patients to their surroundings alleviates the significance of language as a barrier in healthcare delivery, rather cross-culture patients become more receptive towards non-verbal gestures which must be used appropriately by the nurses.