

Experience of transcultural nursing for migrant workers in covid-19 field hospitals: a qualitative study in Samut Sakhon Province, Thailand

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Responsible Editor: Yulis Setiya Dewi

Received: 3 August 2023 ◦ Revised: 1 June 2024 ◦ Accepted: 6 August 2024

ABSTRACT

Introduction: The rapid spread of COVID-19 among many migrant workers has led to the establishment of field hospitals in Samut Sakhon Province, Thailand. Nurses were among the healthcare professionals crucial in controlling the pandemic. They used knowledge and nursing skills to care for quarantined patients from diverse cultures. Transcultural nursing competence among migrant workers is essential for nurses' practice. This study aimed to explore Thai nurses' experiences of caring for migrant workers with COVID-19 in a field hospital.

Methods: This is a qualitative study. An in-depth interview was used to collect data from nine nurses between May and September 2022. The data were transcribed verbatim and content analysis was performed to analyze the data. Interviews with interpreters and co-workers of participants in the field hospital were used to examine data triangulation.

Results: Three themes described the transcultural nursing experiences of nurses caring for COVID-19 migrant patients: 1) the role of nurses in a field hospital caring for migrant patients with COVID-19, 2) care delivery through the nursing process, and 3) cultural competence and transcultural nursing approach under mask and personal protective equipment for migrants with COVID-19 in the field hospital.

Conclusions: Nurses' experiences highlighted the crucial role of managing patient care resources, coordinating with other healthcare professionals, and providing direct patient care in various situations in a field hospital. Despite mental and cultural care challenges, nurses still embrace transcultural nursing for migrant patients, addressing cross-cultural communication and basic needs and respecting beliefs related to religion to provide optimal care.

Keywords: transcultural nursing, covid-19 field hospital, migrant workers, migrant patients

Introduction

In late December 2020, an outbreak of COVID-19 emerged in Thailand, originating from Myanmar migrant workers in the shrimp market in Samut Sakhon province. This outbreak had catastrophic effects throughout Thailand, where a range of provinces were under lockdown restrictions. During the peak of confirmed cases, there were insufficient hospital beds for all the patients in need. As a result, home isolation has become an alternative treatment option for mildly symptomatic

COVID-19 patients. However, many migrant workers, particularly those living in congested areas, find it difficult to isolate themselves at home. Furthermore, migrant workers who lack work-permitted documentation feared the local authorities, discouraging them from seeking treatment at official health facilities. (Uansri et al, 2023). Consequently, a field hospital was established to accommodate several infected migrant workers, including those from Myanmar, Cambodia, and Laos. (Emergency Operations



Center, [2020](#)). To improve the quality of nursing services, nurses who provide healthcare to migrants must understand their cultures and contexts as well as have a positive attitude toward them. (Wichaikhum et al., [2024](#)). Even though nurses have studied or experienced disaster management, the COVID-19 pandemic might be the first time that nurses have provided transcultural care to migrant workers. Developing transcultural nursing competence in migrant workers should be one of the nurses' performances, as they deal with the spread of COVID-19 by caring for hundreds of patients with various cultural backgrounds. This was in addition to the development of nursing knowledge and abilities.

The majority of studies during the COVID-19 pandemic have focused more on the effects or adaptation of different groups of people. For example, a study of the effects and adaptation during the first wave of the pandemic among different ethnicities in North Thailand. The population of hill tribes in several villages would worry about and fear the pandemic. This population used herbs for self-care and required knowledge of the characteristics and prevention of the pandemic as well as healthcare accessibility support from healthcare professionals (Suratana et al., [2021](#)). Miconi et al. ([2021](#)) studied sociocultural factors and found that preventing the transmission of COVID-19 in multicultural diverse communities in Canada was related to stigmatization or discrimination in marginalized groups, especially the East Asian population. Culture and belief in the causes of disease and cure and health care in different ethnicities affected access to health care. In addition, searching for and monitoring infected and at-risk people, such as the homeless, migrant workers, immigrants, and quarantines, has been stigmatized and negatively perceived. (Bruns et al, [2020](#); Romem et al, [2021](#)).

From the literature review, the studies of nurses' performance in field hospitals focus on sharing experiences in multidisciplinary collaboration, stress coping, and many challenges, such as solving problems in field hospital establishment, accepting new concepts of caring by concerning non-discrimination, and respecting the belief and culture of the patients (Nielsen et al., [2020](#); Almieda, [2021](#); He et al., [2021](#); Miconi, [2021](#); Romen et al., [2021](#); Song et al., [2021](#)). However, studies on cultural competence in vulnerable nursing groups in field hospitals are lacking. Hence, healthcare professionals should respect and be aware of patients' cultural differences by integrating patients' beliefs and

culture with the nursing care plan, because most people behave involuntarily and powerfully. This may influence health and illness (Purnell, [2019](#)).

As mentioned above, this research focused on the core experiences of Thai nurses caring for COVID-19 patients, particularly groups of migrant workers. The lessons learned from this pandemic have led to increased preparedness for new emerging infectious diseases and improved nursing services for migrants in the post-COVID-19 era. This study aimed to explore the experiences of nurses caring for COVID-19 patients among migrant workers, including describing transcultural nursing for migrant workers and explaining their cultural competence. The research results will help nurses work with patients from diverse cultures. The knowledge obtained from this research can be developed as a nursing student learning outcome and a plan for enhancing cultural competence.

Materials and Methods

Study design

This is a qualitative study. The methodology applied a descriptive case study to explore the experiences of nurses who had worked in the COVID-19 field hospital and transcultural nursing related to migrant worker patients.

Participants

The research participants were nine registered nurses, consisting of five nurses from the Ministry of Public Health located in Samut Sakhon province and four military nurses from the Ministry of Defence. Nine nurses were selected using the snowball sampling technique, met the inclusion criteria, and were fully qualified. Nurses who were rich in information were included in the study. They worked in the Wattana Factory Field Hospital established by the Ministry of Defense and the Ministry of Public Health during the outbreak from January 2021 to September 30, 2021. In addition, they had experienced caring for migrant worker patients with COVID-19 in the field hospital for at least five weeks or 200 hours or more. This period of practice in the field hospital has enough experience to apply transcultural knowledge and skills (Caffrey et al., [2005](#); Tosun, [2021](#)).

Data Collection

The data collection used a semi-structured instrument to guide in-depth interviews with nurses who had worked in Wattana Factory Field Hospital. The

instrument was prepared by researchers based on the research objectives, which consisted of the performance characteristics of transcultural nursing in COVID-19 patients who were migrant workers and the competency of professional nurses providing care for migrant workers in field hospitals, including the knowledge and experiences learned to practice in field hospitals in Samut Sakhon province.

The snowball sampling technique was used for the qualitative data collection of nine participants. The data collection process was as follows (Moser et al. 2018): 1) The researcher asked for the manager nurses' advice of Wattana Factory to recommend qualified for in-depth interviews. 2) The researcher contacted the participants, informing them of the research objectives, methodology, and approval of the research ethics numbers that were considered by the Institutional Review Board of the Royal Thai Army Medical Department. 3) Protecting the rights of participants: The researcher interviewed participants who were willing to give information and arranged them with the informant for a convenient date. 4) An in-depth interview with each participant took approximately 45-60 minutes. 4) Then, the participant was asked to recommend the next qualified interviewee. Information was saturated until no new information was added to the interviews. It took five months to correct the data (May-September, 2022).

Data Analysis

The data from the participants were organized and analyzed using manifest qualitative content analysis (Moser et al., 2018) to interpret the meaning of the content of transcultural caring for migrant worker patients with COVID-19 and operating management in the field hospital. Additionally, observations and other recordings during data collection were analyzed and

performed as follows: reading all data and finding general ideas and supporting information about transcultural care and transcultural competency; determining coding from general ideas and supporting information; subcategories were identified and grouped related to codes and the purpose of this research; and finally, several subcategories were combined into one category. The analysis process was divided into three main themes.

Trustworthiness

Credibility was achieved through member checking; the researchers conducted verbatim interviews with the participants for verification. All participants were given a chance to review the descriptions when no one disagreed. The data were analyzed for classifications and themes, and the information was returned to the participants. All participants agreed with the analysis results, and no new data were added during validation.

The validity of the results was confirmed using data triangulation. Participants' data were confirmed using the same questions to interview nurses and interpreters working with participants in this field hospital at different times.

The research team thoroughly reviewed and approved each stage of the research process. Detailed field notes and a reflective journal were kept documenting the entire process and the role of the researcher. Team researchers verified the coding accuracy in the data analysis and ensured consistency of the inferences.

Ethical considerations

This research was approved for the research methodology and ethics by the Institutional Review Board Royal Thai Army Medical Department on March

Table 1: Characteristics of the participants

Characteristics	Participants								
	1	2	3	4	5	6	7	8	9
Nursing experiences (year)									
Novice (0-2 years)				•	•				
Advanced beginner (3 - 4 years)									
Competent (5 - 7 years)									
Proficient (8 - 10 years)			•						
Expert (> 10 years)	•	•				•	•	•	•
Original affiliation									
Public Hospital from Samut Sakhon Province	•	•	•	•	•				
The Royal Thai Army						•	•	•	
The Royal Thai Armed Forces									•
Areas of expertise in nursing									
Pediatric	•								
Medical		•	•						
Surgical						•	•		
Emergency								•	
Psychiatric									•
Nurse Internship				•	•				

Table 2: The role of nurses in a field hospital caring for migrant patients with Covid-19.

Meaning Units	Codes	Sub-theme
Theme: The role of nurses in a field hospital caring for migrant patients with COVID-19		
<ul style="list-style-type: none"> - Allocate staff roles and rotations. - Identify and respond to critical incidents. - Handle and manage clinical service delivery and unit coordinators. - Arrange stock levels of medical supplies and medication. - report for resupply requirements including allocating food donations 	<ul style="list-style-type: none"> - Daily operate service delivery planning and management - Use clinical leadership skills to solve problems in the field hospital. - Manage resources in the field hospital 	- Management role
<ul style="list-style-type: none"> - Coordinate patients' needs with other personnel. - Do pre-discharge planning and collaborate with agencies. - Collaborate and refer patients 	<ul style="list-style-type: none"> - Organize clinical flow and patient referrals. - Support clinical operations and collaborate with the healthcare team. 	- Coordination role
<ul style="list-style-type: none"> - Assess personal data on patients' admission. - Deliver medications in accordance with the treatment plan. - Assess and evaluate the patient's signs and symptoms for proper care. - Follow-up consultation for occurring physical and psychological signs and symptoms. - Provide going-home instructions for prevention and recurrence. 	<ul style="list-style-type: none"> - Monitor and identify clinical presentations with special needs. - Identify and facilitate nursing care for special needs patients. - Daily inpatient ward round 	- Clinical role

28, 2022, with Code N001q/65. Informed consent was obtained from all participants after the researcher explained the purpose and study process and confirmed no conflict of interest in their job duties.

Results

Seven participants had experience in nursing for more than eight years; and two were nurse internships. None of the participants had previously experienced a disaster field or military medical shelters before. The details are presented in [Table 1](#).

Three themes and ten subthemes were identified to describe the transcultural nursing experiences of nurses with COVID-19 migrant patients in a field hospital in Samut Sakhon Province.

Theme 1: The role of nurses in a field hospital caring for migrant patients with COVID-19.

Theme 2: Care delivery through the nursing process.

Theme 3: Cultural competence and transcultural nursing approach under masks and personal protective equipment (PPE) for migrant patients with COVID-19 in a field hospital.

Table 3: Nurses deliver nursing care for migrant patients with Covid-19 through the nursing process.

Meaning Units	Codes	Sub-theme
Theme: Care delivery through the nursing process (NP)		
<ul style="list-style-type: none"> - Perform health assessment when the patients first came into the field hospital - Arrange an area/zone for patients staying in the field hospital - Take the patient's vital signs every morning 	<ul style="list-style-type: none"> - Gather information of the patient's individual physiological and psychosocial 	Nursing assessment
<ul style="list-style-type: none"> - Detect the warning signs of abnormal respiratory signs & symptoms - Detect psychosocial problems in patients whose member's family died. - Find out that the patient lacks knowledge of COVID-19 and other underlying complications of diseases. 	<ul style="list-style-type: none"> - Identify the patients' basic needs and health problems 	Nursing diagnosis
<ul style="list-style-type: none"> - Manage the caring process such as food, medicine, Chest X-Ray, and patient consulting. - Provide information about behavior while in the hospital to reduce anxiety. - Listen to the patients and evaluate depression from the loss of a family member. - Consult psychologists for mental health screening to assess the risk of depression 	<ul style="list-style-type: none"> - Nursing care during patients' admitting in the field hospital 	Nursing Intervention
<ul style="list-style-type: none"> - Assess the patients' symptoms of change and psycho-social needs through the front of the CCTV cameras 24 hours a day 	<ul style="list-style-type: none"> - Assess and monitor changes in the patient's vital signs and mental status 	Nursing evaluation

Table 4: Cultural Competence and transcultural nursing approach under Mask and Personal Protective Equipment (PPE)

Meaning Units	Codes	Sub-theme
Theme: Cultural Competence and transcultural nursing approach under Mask and Personal Protective Equipment (PPE) for migrant patients with COVID-19 in the field hospital.		
- Nurses understood the cultural characteristics, history, values, beliefs, and behaviors of the ethnic or cultural group	- Nurses must have cultural knowledge about each ethnic group to enhance their care of migrant workers.	Cultural knowledge
- The patients' culture, beliefs, and habits were respected by nurses. Additionally, nurses didn't evaluate whether the patient's beliefs related to supernatural events (such as ghosts or seeing ghosts) were correct or incorrect.	- Nursing care was unbiased and respectful, encompassing equal treatment and a patient-centered approach.	Cultural awareness
- Nurses respected and accepted their patient's cultures. Nurses try to learn the language to communicate with foreign patients.	- Being aware of cultural communication differences.	
- Volunteer interpreters communicated with patients who could not speak Thai. They needed to speak Thai.	- Culturally sensitive communication, learning migrant patients' language, and utilizing interpreters	Cultural skills: Cross-cultural communication
- Nurses shared the information with migrant patients as they did with Thais through the interpreter.	- Patients who volunteer to be interpreters helped nurses communicate with patients.	
- A large number of patients, communication was also a challenge.	- Adjusting and choosing a variety of interactive methods for the individual.	
- "Or Sor Tor" was abbreviated for volunteer interpreter who was a patient infected with COVID-19 coming to the field hospital and assisted in communicating with nurses.	- Listening attentively to needs/problems	

The Analysis process of the in-depth interviews about the experiences of transcultural nursing for migrant workers in COVID-19 field hospitals is presented in [Table 2 - Table 4](#)

[Table 2](#) demonstrates the analysis process of the in-depth interview results regarding the experiences of transcultural nursing of migrant workers with COVID-19. This theme was derived from the researcher's question about the informant's experience of working in the field hospital. The data indicated that Their experiences emphasized clinical leadership, which included management, coordination, and clinical roles. In the management role, nurses planned daily operational service delivery and used clinical leadership skills to solve problems in the field hospital, which was explained as follows:

P1: *"I arranged an area to keep patients in the field hospital. According to care needs, the area near the camera was for patients who needed meticulous nursing care and closed observation, such as patients who had congenital diseases, high blood pressure, and heart disease."*

P2: *"Patients were divided amongst themselves on the first day, and the beds were sorted by number. Whoever came first went to Bed No. 1 and so on, but the patients preferred to stay in a group. As a result, nurses placed patients of the same culture/ethnicity in the same area to minimize conflict."*

For the coordination role, nurses liaised with the medical doctor and healthcare teams for the proper

treatment of patients and to facilitate discharge planning. Nurses coordinated with the patients' relatives to provide information and prepare for patient discharge. In addition, nurses contacted the Subdistrict Administrative Organization and other local authorities for help with food and facilities during the patients' stay in the field hospital.

P1: *"When the patient's symptoms become more severe, with high fever, tiredness, and difficulty breathing, they will contact Samut Sakhon Hospital to refer patients for treatment."*

P2: *"Getting in touch with state organizations was a new experience and it was a matter of systematizing the coordination work to make as few mistakes as possible. Nurses must have good relationships with the sub-district administrative organizations and the various sectors."*

P3: *"Nurses thought relatives should be allowed to visit the patient once a week. Some Burmese people came to donate food to Burmese patients. Therefore, nurses required coordination by relatives' individuals, and external entities to make it successful management."*

In the clinical role, nurses provided nursing care for patients, focusing on rapid triage, evaluation, stabilization, and referral of patients as appropriate rather than definitive evaluation.

P1: *"Nurses received cases from the originating unit. Before admitting the patient to the field hospital, nurses*

assessed the patient's signs and symptoms, COVID test results, name, age, gender, and nationality."

P2: *"Screening patients. When screening patients, if the patient was found to be very tired, with oxygen saturation less than 95%, and a temperature more than 38 degrees Celsius, first aid would be provided."*

P3: *"The nurse dispensed medicine to the patient and gave advice on taking medication. For patients taking Favipiravir, body temperature, blood pressure, and respiratory system abnormalities must be assessed."*

While working in the field hospital, nurses encountered immigrant patients from Myanmar, Cambodia, Vietnam, and other countries. Even though most patients were Burmese and some nurses were familiar with them, nurses were still faced with stressful situations. Moreover, the study described how nurses dealt with cultural sensitivity while providing care for migrant patients at the field hospital, as shown in [Table 3](#).

[Table 3](#) presents the results of the analysis of Theme 2: Care delivery through the nursing process. This theme was formed from the researcher's question regarding nurses' care activities in a field hospital. This assessment is explained as follows:

P1: *"A nurse took on the nursing clinical handover from the previous hospital before accepting the patient's admission to the field hospital. We checked personal information and history of illness including COVID-19 and medication history."*

P2: *"A nurse wearing PPE went to the field to assess the signs and symptoms. Body temperature above 38 oC, oxygen saturation less than 95%, did not qualify for admission and in routine care."*

P3: *"Patients could talk to nurses in front of the CCTV camera 24 hours a day. Nurses monitored and answered patients' questions. When patients had serious problems, nurses wearing PPE assessed the patient's clinical changes in the field if necessary."*

Other statements expressed by participants related to nursing interventions focused on the mental health of patients as follows:

P1: *"We had Burmese patients who could speak Thai and were willing to be volunteers. The nurse manager authorized them to assist the nurse in bringing patients who required consultation to communicate with the nurse through CCTV monitors. There was a case in which the nurses assessed that the patient was anxious about the illness and the severe symptoms of his wife. We gave*

him mental support and monitored for more psychological problems."

P2: *"There was a male patient who had no children or relatives in Thailand. His wife died from COVID-19 at Samut Sakhon Hospital. Our nursing team coordinated with various departments of the hospital and local authorities to manage the funeral proceedings following the patient's religion."*

In addition, nurses must assess patient problems or needs, diagnose them, manage clinical risk issues, and respond to emergencies and crises. The participants addressed this issue as follows:

P1: *"Two Elderly Indian patients... one who could speak Thai, but the other who could not communicate in Thai. He was unable to consume the Thai food provided by the hospital. The patient in the adjacent bed informed the nurse that he had been lying down without getting up to eat. So...the nursing team had to adjust the CCTV camera for observation. We quickly put on PPE and went in to check on him and indeed, he had hypoglycemia. This case served as a lesson for us to be concerned about patients' food intake."*

P2: *"For patients prescribed Favipiravir medication, nurses must assess body temperature, O2 saturation, and any abnormal respiratory symptoms, and prepare patients for the chest X-ray after one day of admission in the field hospital."*

P3: *"Nurses performed triage on patients at admission who initially presented as a yellow case but then the condition changed to red. The patient was experiencing dyspnea and loss of consciousness. We used to perform CPR while awaiting a referral. In situations like this, preparedness was crucial."*

In summary, nurses have used the nursing process to care for migrant patients. The nursing process involved collecting data for triage and classifying patients according to the severity of the disease, as well as providing nursing care that aligns with patients' problems or needs. The nursing diagnosis for COVID-19 patients at the field hospital included hyperthermia, which was caused by an increase in the body's metabolic rate and the viral infection process; ineffective airway clearance, associated with excessive coughing and secretion; and the infectious process, gas exchange disorder; COVID-19 knowledge deficit; risk of insufficient nutrient intake to meet metabolic demands or comorbidity-induced hypoglycemia caused by cultural dietary needs and preferences; and anxiety, depression, fear, and ineffective coping due to COVID-19. Nurses

performed care planning and executed nursing care related to patients' daily needs and provided necessary observations for early warning signs to ensure patients' safety and support their mental health.

From the interviews, the researcher analyzed the data and concluded that nurses employed in COVID-19 field hospitals had cultural competency. Cultural competencies consisted of recognizing different cultures, having knowledge of cultures that were different from oneself, and having the ability to communicate across cultures; examples were the following:

Cultural knowledge: Nurses must have cultural knowledge of each ethnic group to enhance their care of migrant workers.

P2: *"I thought that nurses needed to know the culture of each ethnicity. To be honest, when I first worked in the field hospital, it was very fast, and I couldn't. No... didn't study. But I was getting used to a bit of Burmese."*

P4: *"At times, individuals offered food donations. We informed them that stir-fried basil was not suitable for Cambodian patients as they were unfamiliar with it. On the other hand, Burmese patients preferred sour, salty, and oily food. They specifically requested Burmese-style."*

P3: *"Patients belonging to ethnic minorities in Myanmar did not call themselves Burmese. They called themselves Tai Yai, Thai Lue, and Karen, people who lived next to the Kanchanaburi border. The nurses understood that they were also Burmese. We called the patients Burmese. The patients would not come to see us. It was important to recognize and respect the unique identities of different ethnic groups."*

Cultural awareness: Nurses in the field hospital exhibited exemplary behavior by providing equitable care without prejudice or stigma, upholding individual rights, respecting diverse beliefs, and demonstrating awareness of cultural communication differences.

P8: *"We offer equal nursing care to all patients, regardless of their nationality. It should be noted that some patients follow specific dietary restrictions. Our nurses would accommodate each patient's way of life, beliefs, and cultural background when providing meals, as this was an essential aspect to consider."*

P6: *"Although we had limited knowledge about the backgrounds of Cambodian patients, we provided equal care and treatment to all patients regardless of their race. However, Cambodian patients may feel that we*

favoured Burmese patients over them when we were not even aware of anyone's nationality."

P7: *"Burmese and Cambodian individuals tended to engage in acts of merit. The Burmese placed a high value on Buddhist holy days and, as a result, we decided to offer a prayer for prosperity before bedtime. However, due to the presence of patients from other countries, the prayer did not last very long. Nonetheless, this activity had the potential to alleviate stress."*

P9: *"The patient had a history of alcohol withdrawal. The patient's wife reported a change in his behavior and expressed concern that he may attempt to leave the hospital. She believed that he was possessed by a ghost. She believed a sarong belonging to her mother-in-law was necessary for an exorcism ritual and asked the nurse to obtain one. Nurses utilized what was available and allowed them to perform the ritual. The nurse was present at the ceremony and assessed her husband's condition."*

P5: *"The nurse called the patient's name as written in their passport. The patient claimed that the nurse had called their names incorrectly. Additionally, patients generally preferred to be referred to as Cambodian instead of Khmer."*

Cultural skills: Nurses learned cross-cultural communication by imitating the pronunciation of calling patients' names and simple words in daily life and collaborating with interpreters to engage effectively with patients from diverse backgrounds. Nurses used patient volunteers as interpreters for new patients and COVID-19 communication, interacted with individuals from various cultures, and skillfully selected appropriate interactive methods while attentively listening to patients' needs and concerns through CCTV cameras or interpreters.

P2: *"Burmese liked us to call men "Ah..." Ah.... What did women call? It's called "Ma" which means sister. We always called the name Burmese people incorrectly, with false accents (smiles), even if it was an English name. Since the accent was strange, you could not pronounce it properly."*

P6: *"This language issue was really a problem we encountered. Initially, we would have translators from both Samut Sakhon Hospital and the army's translator."*

P3: *"Patients at the field hospital could communicate with staff because many of them spoke Thai. These patients are going to help us. The nurse who was the manager of the field hospital, together with the team, thought that a patient who spoke Thai could be used as a medium to communicate with other patients. If there*

is any problem, tell the patient, who acts as an interpreter, to help the nurse. Patients would reduce their anxiety’.”

P8: *“Many patients were easy to deal with, while others made daily fuss. We attempted to make the participants feel as comfortable as possible. We understood that everyone was bored with quarantine’.*”

In summary, the ability to communicate across cultures was the cultural competence that nurses in this COVID-19 field hospital practice most clearly demonstrated. Learning to pronounce words and call names correctly, being sensitive to sensitive topics, and being aware of nonverbal messages are important communication skills. Additionally, nurses communicated their genuineness to the patients through their voices and looks. Cross-cultural communication skills make communication effective, avoid conflict, and receive cooperation from patients and other personnel in the care team.

Discussions

The study’s results supported the research objective on the experiences of nurses working under the Ministry of Public Health and the Ministry of Defence, who were mobilized to care for migrant workers from various cultural backgrounds, such as Burmese, Cambodia, Vietnam, and others, at the Wattana Factory Field Hospital in Samut Sakhon Province. This was the epicenter of Thailand’s initial COVID-19 outbreak. The findings revealed that nurses play a crucial role in various situations within hospitals. These roles include managing nursing personnel and patient care resources, coordinating with other healthcare professionals at the field hospital, and providing direct patient care. Their roles align with the nursing practices at Boston Hope Field Hospital in the United States and the pandemic in Wuhan, China, where a military command structure is implemented and a medical support system of the state is in place. The nurse’s roles include chief nursing officer, nursing director, and operations team leader. In this context, the chief nursing officer and director are responsible for managing the workforce in the clinical setting and making structural and policy decisions. The unit resource nurse is responsible for resource allocation to support clinical operations and work closely with medical team leaders. (Baughman et al., 2020; He et al., 2020). This finding is consistent with Martin et al. (2020), who discussed the nursing role in a field hospital, emphasizing the crucial role of the nursing team leader in operational management and close

collaboration with the medical team leader in providing optimal care. These responsibilities require nursing team leaders to be highly flexible and adaptable to their leadership approach.

Another important finding from our study supported the research objective of the transcultural nursing approach to migrant workers in field hospitals and highlighted the importance of the care team in providing direct care to migrant worker patients. Nurses used their clinical abilities to assess their physical condition and to determine their nursing diagnoses. Therefore, they provide care to meet basic needs, detect abnormal vital signs, and identify warning signs of hypoxia due to respiratory infections. They also performed surveillance and provided care for mental health problems of patients affected by quarantine measures. These findings are in accordance with the study by Hidayati et al. (2022), who explained that nurses can perform complete nursing assessments and diagnoses during the pandemic. However, it was difficult to complete the implementation of some nursing diagnoses, especially mental care, owing to the lack of complete data collected during the evaluation.

In addition to the nursing process applied in providing care for migrant worker patients in field hospitals, the ACCESS model of transcultural nursing, developed by Aru Narayanasamy in 1999, may also represent the concept of the nursing approach (Doody, 2012; Romem, 2020). Nurses gathered comprehensive information about the patients’ physiological and psychosocial health during the assessment process (A), considering their cultural needs. They paid particular attention to the patient’s lifestyle, food preferences, and beliefs related to supernatural occurrences. The study found that communication barriers were significant. The nurses learned how to communicate (C) with immigrant worker patients, both verbal and non-verbal, and collaborate with interpreters. In addition to non-verbal communication, such as gestures and facial expressions; the nursing team initiated "Or Sor Tor (Volunteer Interpreter)" a COVID-19 infected patient assigned as an interpreter at the field hospital assisted communication with nurses to accommodate the increasing number of patients needing translators.

In addition to providing nursing care directly to assess the patient’s condition remotely via CCTV cameras and VDO calls, patients could have cross-cultural communication with nurses through interpreters. These findings align with the International Council of Nurses (ICN) determination of disaster nursing practice, which includes performing basic

nursing care in emergency and trauma settings, monitoring and identifying clinical presentations, and facilitating care for highly dependent, vulnerable, or specialized-needs patients (Martin et al., 2020; Baughman, 2020). Additionally, the research results emphasized the importance of cultural assessment and tailored approaches in nursing care, respecting patients' beliefs and understanding their cultural lifestyles. These findings are consistent with the application of Giger and Davidhizar's Transcultural Assessment Model, particularly in the assessment phase of the nursing process, which focuses on communication and social organization (Merritt, 2013; Gieger, 2013). They also align with the findings of utilizing the ACCESS model for transcultural nursing to control the spread of the COVID-19 outbreak in Beit Shemesh, highlighting effective communication, cultural negotiation, respect, rapport, sensitivity, and safety in addressing the specific needs of the community. Nursing services emphasize cultural assessments, the significance of tailored approaches to people, and collaborative efforts to address the Ultraorthodox community. These components shaped healthcare providers' utilization of culturally appropriate language and communication methods, leveraging traditional communication channels, and participation of community leaders to ensure that measures were accepted by the community (Romem et al., 2021).

The findings of this study support the research objective of the cross-cultural nursing competencies of professional nurses. These were partially similar to the cultural competence of Campinha-Bacote, which demonstrated nurses' adherence to applying cultural knowledge, cultural awareness, and cultural skill, especially in cross-cultural communication with diverse cultural and ethnic backgrounds patients to care in the COVID-19 field hospital effectively. However, cultural encounters and cultural desire competencies were not evident in the nurses' practices. This was probably because, during this pandemic, nurses had to directly care for patients only as necessary and for a short period, wearing masks and personal protective equipment. Therefore, the opportunity for nurses to engage in an open mind, actively listen to, and understand cultural backgrounds, health beliefs, values, and lifestyles could not be deeply explored. Cultural desire motivates nurses to "want to" engage in becoming culturally aware, culturally knowledgeable, culturally skillful, and seeking cultural encounters rather than feeling "obligated to do." Thus, nurses who possess cultural encounters and cultural desire competencies

must have a starting point for cultural competence development and progress from cultural awareness to cultural knowledge and skills through the personal effort to actively encounter cultural challenges when interacting with patients (Campinha-Bacote, 2019; Slobodin, 2020; Songwathana et al., 2021; Narayan, 2022).

Cultural competence is a process that must continually evolve in order to care for patients' diverse cultures. Therefore, it should be developed for nursing students and continuously promoted after graduation. Students' cultural awareness can be developed in the first year by evaluating their own and their family's culture to understand beliefs, lifestyles, values, customs, and cultures. (Nur'ainun et al., 2019; Gragdelini 2021). Direct patient care experience enables nurses to develop cross-cultural communication skills to understand clients' needs, learn to satisfy the needs of other cultures, and ultimately provide holistic care. As a result, teaching and learning activities must provide an experience for students to learn by doing. The ability to collect data, communicate across cultures, and practice nursing with compassion and respect for individuality will be a talent that students can acquire (Arayathanitkul et al., 2017; Gragdelini 2021; Tosun, 2021). Additionally, culturally different field experiences should be organized in hospitals and communities, which will help students develop cultural assessment skills and learn more about the attitudes of individuals and groups (Prosen, 2015; Dotevall et al., 2018; Ho et al., 2022).

There are data limitations to this study because it was conducted in a field hospital in central Thailand that exclusively cared for migrant worker patients. Future studies may need to promote the vital role of nurses in addressing health inequities and ensuring that migrant workers have access to necessary healthcare services. However, the results of this study provide important nursing approaches for nurses who serve as frontline health care providers. In addition, healthcare policymakers can use the results to plan the management of new emerging infectious diseases in the post COVID-19 era.

Conclusion

Nurses' experience working at the Wattana Factory Field Hospital in Thailand during the initial COVID-19 outbreak highlighted the crucial role of nurses in managing various situations within the hospital. Nurses managed personnel and patient care resources, coordinated with other healthcare professionals, and provided direct patient care. Additionally, nurses

emphasized the importance of transcultural care for migrant workers from diverse cultural backgrounds. They applied the nursing process and gathered patient information during the pandemic, even though some aspects of nursing care, particularly mental and cultural care, were challenging to implement. Nurses still put efforts into demonstrating cultural competence to emphasize the importance of incorporating transcultural nursing approaches in providing optimal care to diverse patients.

Acknowledgments

We would like to thank all migrant worker patients and registered nurses at the Wattana Factory Field Hospital in Samut Sakhon Province who participated in sharing their information, especially the participants and interpreters who contributed to this research. We appreciate the support of the Royal Thai Army Nursing College for providing the research scholarship.

Funding Source

This study was partially supported by The Royal Thai Army Nursing College.

Conflict of Interest

There is no conflict of interest.

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How to cite this article: Arayathanitkul, B., Bandansin, J., Lamtrakul, S., Kwiensungnoen, P., and Eaksamai, A. (2024) 'Experience of transcultural nursing for migrant workers in covid-19 field hospitals: a qualitative study in Samut Sakhon Province, Thailand.', *Jurnal Ners*, 19(3), pp. 335-345. doi: <http://dx.doi.org/10.20473/jn.v19i3.48328>