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The Cuban nurse's experiences of working and living in the same neighbourhood as her patients

Den kubanska sjuksköterskans upplevelse av att arbeta, bo och leva i samma område som sina patienter

Sammanfattning

Bakgrund: Kuba är beläget i Karibiska havet. Landet är känt för sin sjukvård, som vilar på ett välutvecklat primärvårdssystem. I varje kvarter finns små sjukvårdskliniker som kallas för *consultorios*. Dessa är tillgängliga och gratis för människorna som bor i det kvarteret. Sjuksköterskorna som arbetar på consultoriet bor också i det området där consultoriet finns, och därför är det väldigt vanligt att de även känner sina patienter i ett privat sammanhang.

Syfte: Att beskriva kubanska sjuksköterskors upplevelse av att arbeta, bo och leva i samma område som sina patienter.

Metod: En kvalitativ semistrukturerad metod med intervjuer användes. Fem sjuksköterskor som hade arbetat eller nu arbetade på ett consultorio och som hade erfarenheten av att bo nära sina patienter, blev intervjuade. En kvalitativ innehållsanalys användes för att analysera den insamlade datan.

Resultat: Resultatet presenterades i två huvudteman; sjuksköterske- och patientrelationen på Kuba och den kubanska sjuksköterskan. I varje huvudtema fanns tre respektive underteman.

Diskussion: Studiens resultat diskuterades utifrån den valda teoretiska utgångspunkten: vårdrelationen. Sjuksköterskans upplevelse av hur det är att bo, arbeta och leva i samma område som sina patienter diskuterades i relation till vårdrelationen och den kubanska vårdkulturen.

Nyckelord: Kuba, consultorio, vårdrelation, privat, professionell

Abstract

Background: Cuba is located in the Caribbean Sea. Cuba is famous for its health care, which is built on a well-developed primary care system. In every neighbourhood there is a small health care clinic, referred to as *consultorios*. These are available and free for people living in that particular neighbourhood. Nurses working in the consultorio also live in the area where the consultorio is placed, and therefore they know their patients in a personal context.

Aim: To describe Cuban nurses' experiences of working and living in the same neighbourhood as their patients.

Method: A qualitative semi-structured method with interviews was used. Five nurses who had been or were at the time of the interviews working in a consultorio, and had experience of living close to patients, participated. A qualitative content analysis was used to analyse data.

Results: The results were presented in two main themes; The nurse-patient relationship in Cuba with three sub-themes, and The Cuban nurse with three sub-themes.

Discussions: The result of the study was discussed in relation to the chosen theoretical framework: the caring relationship. The nurses' experiences of living and working in the same area as their patients were discussed in relation to the caring relationship and the Cuban caring culture.

Keywords: Cuba, consultorios, caring relationship, private, professional

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1 Introduction

Cuba is a country located in the Caribbean Sea. Even though it is a developing country the healthcare system is well established in Cuba and the people of Cuba has approximately the same level of health as a developed country. The Cuban healthcare system rests on a well-developed primary care, which enables the healthcare staff to be more available for the people. A great part of this system consists of small offices of family physicians referred to as *consultorios*. These offices are located in nearly every neighbourhood. It is common that the healthcare staff live~~s~~ in the same area, for example is the physicians' apartment directly above the consultorio. The nurse-patient relationship is often both personal and professional related to the fact that the nurses are living in the same area as they work. There are no studies focusing on Cuban nurses experiences regarding this special primary care system. We are interested to find out how the Cuban nurses experience living and working in the same environment and how it affects them.

2 Background

2.1 Facts of Cuba

Cuba is a communist~~ic~~ one party state located in the Caribbean Sea (Landguiden, 2013). The country consists of one large island, and one smaller island, Isla de la Juventud, and around 1000 slightly smaller islands. Cuba has around 11 millions inhabitants and a high percentage of Roman Catholics.

Today Cuba is characterized by its history and what has happened in the country during the past century (Globalis, 2013). In 1899 Cuba was occupied by the United States, who then ruled the country for three years until 1902, when Cuba became independent. Thus the independency, United States was still in charge of Cuba's economy and foreign politics. In 1959 the Cuban revolution broke out, as an attempt to change the political system in the country and to show the dissatisfaction against the president Fulgencio Batista. The same year Fidel Castro became the dictator of Cuba.

Living in a society highly controlled by the Castro regime led to restricted travel opportunities and lack of freedom of speech for the Cuban people (Bunck, 1994). Castro struggled to make Cuba free from United States, which led to a conflict between United States and Cuba. The conflict eradiated when Castro started to receive aid from the Soviet Union. In

1962 United States enforced a trade embargo towards Cuba, which is still ongoing and ~~it~~ is seen as the longest embargo in modern history. The US embargo had an effect on the trade, aid and domestic economic activity, it also led to a lack and higher costs of medicines produced in the United States (Garfield & Santana, 1997).

2.2 Education in Cuba

The revolution in the late 50's led to that education was highly prioritized in Cuba. Today education is free and available for all children and teenagers (Landguiden, 2013). The six-year primary school is mandatory and 96,5% of the young Cuban population attends school (Globalis, 2013). In all, 90% are continuing their studies in high school, and thereafter college (Landguiden, 2013). Most educations are focusing on areas such as medicine, economics, agriculture, technology and teaching. With a high number of educated physicians, nurses and technicians, Cuba offers education focused on medicine for young people from other developing countries (Österlin, 2008). In exchange these educated physicians have to go back to their countries to work in areas in need of health care professionals.

2.3 Health care in Cuba

Following the revolution health care was prioritized in Cuba (Warman, 2001). Vaccination, education and free health care improved peoples' health considerably. The health care in Cuba has become one of the most successful in the world, making Cuba unique compared to other developing countries with the same economy. In 2005 statistics showed that Cuba spent only 7.4% of its gross national product (GNP) on health care, compared to 13.6% in United States (Dresang, Brebrick, Murry, Shallue & Sullivan-Vedder, 2005). The GNP per capita in Cuba is one of the lowest in the world, 6000 GNP/capita (Österlin, 2008).

The life expectancy in Cuba is the highest in Latin America. It has increased considerably with more than 20 years after the Cuban revolution and today, the life expectancy is nearly the same as in Sweden for both men and women genders (Globalis, 2013; Österlin, 2008). The Cuban women have a life expectancy of 81 years, compared to 84 years in Sweden. The life expectancy for Cuban men is 77 years, compared to 80 years for Swedish men. Different factors may contribute to the increased life expectancy; one is that health care in Cuba is free and accessible for all citizens (Languiden, 2013), and the other is the increased quality of clean water.

Other aspects that had an influence are that before the Cuban revolution there were only 3000 educated physicians in the country. Today, approximately 70 000 physicians are educated in Cuba consequently, most Cubans have their own family physician (Österlin, 2008). The high number of educated physicians contributes to other countries and cities in need of aid.

Cuban people have similar diseases as countries in the western world (Landguiden, 2013) and non-communicable diseases such as cancer, cardiovascular diseases and diabetes are common in the Cuban population. Communicable diseases such as malaria and typhus are extinguished, because of well-improved vaccination programs and hygiene standards. The prevalence of tuberculosis is low, 12 out of 100 000 dwellers suffer from the disease, compared to 9 out of 100 000 in Sweden (Globalis, 2013).

In Cuba there are 250 hospitals and few are specialized in heart, lung, kidney and bone marrow–surgeries (WHO, 2008). The Cuban healthcare system is built on a well-developed primary care system. The system sustains of primary health care centres, referred to as *policlinicos*, these were established during the 70s and today Cuba has approximately 500 policlinicos. The aim of the policlinicos was to provide services that previously only were available in hospitals. These services included exams and special health care programs, such as maternal-, elderly-, psychiatric- and emergency health care and examining patients with endoscopies and ultrasound. Each policlinico include approximately 20-40 smaller offices located in the neighbourhoods closeby; referred to as *consultorios.* Concequently, there is a consultorio in nearly every neighbourhood in Cuba. There are a total of 500 policlinicos and approximately 13000 consultorios, compared to Sweden's 1000 primary health care centres (Socialstyrelsen, 2013).

The consultorios were established in 1984 and over the years the concept has increased. Today, consultarios are the foundation of the primary care system in Cuba (Offredy, 2008). The consultorios address approximately 80% of the health problems in Cuba (Dresang et al, 2005). A typical consultorio is located in a two-floor house, where the bottom floor consists of the clinic and the top floor usually is the physician's apartment. The nurses also live close to the office, which allows a good relationship and teamwork to develop between the different professions. Every consultorio serves approximately 150 families or 600 patients in total. It's common that every physician and nurse know his or her patients well (Coughlin, 2005).

An ordinary day for the nurse at the consultorio consists of having patients in the office in the morning and of home visits in the afternoon (Offredy, 2008). To visit the patients in their home allow the nurses to have a closer look at the patient's lifestyle and what impact the

environment can have on their health. To work as a nurse in a consultorio, means that you work preventative with a responsibility to identify, prioritize and solve health related problems in the families that you are treating. It's mandatory for all Cuban dwellers to visit their consultorio every sixth month, for blood tests and general health check-up (Österlin, 2008). This makes it possible for the nurses to discover and prevent diseases.

The fact that the nurse is living in the near vicinity of the patients enhances a close relationship and it is common that the nurses know their patients both professionally and privately. If a patient becomes seriously ill, and has to stay at the hospital, it is common that the nurse from the consultorio visits him or her (Österlin, 2008).

2.4 Relationships

2.4.1 Social relationships

Social relationships have been described as a vital part of human life. A study by Kelley (1983) showed that family- friends- and partner relationships are the most valued relationships among people. A private relationship is for example a friendship or a relationship between family members and these are characterized by mutuality, equality and symmetry between the ones involved (Dahlberg & Segesten, 2010).

2.4.2 Caring relationships

Nurses' experiences of the caring relationship have not yet been studied in Cuba. Aspects and experiences of professional and private relationships between nurses and patients have previously been studied in rural Wales (Corbett & Williams, 2014). In Wales it is not rare that nurses live and exist in the same area as her patients, which enhances a close relationship between nurses and patients. Corbett & Williams (2014) showed that living close to ones patients study was challenging for the nurses, mainly because of difficulties of knowing when to act private or professional when in caring situations. The patients however, showed increased level of wellbeing, and feeling of security due to the relationship.

The topic has also been studied in a small society in Australia were risks regarding the private relationship between nurses and patients has been identified (Atkins, Britton & de Lacey, 2011). Atkins et al. (2011) showed that nurses and patients living in the same area often knew each other in a private context, leading to consequences for both parts. The nurse felt used as they were asked questions related to work when off duty. The patient also

experienced difficulties running into the nurse at private get-togethers as they feared her knowing their health problems.

It is well known that Cuba's healthcare system is of good quality and that the Cubans have a high level of health. The cornerstone in the Cuban healthcare system is a well-developed primary care system, which includes a consultorio in every neighbourhood, allowing the Cubans to always have available healthcare close by. The physicians and nurses on the consultorio live in the same area as their patients, which is why they often know their patients also in personal contexts.

3 Problem statement

Previous studies regarding this topic indicate that there are both positive and negative aspects of how nurses experience living in the same neighbourhood as their patients. A positive aspect was that the relationship led to increased wellbeing among patients. A negative aspect was that nurses experienced difficulties in knowing when to act professional or private in their relationship with her patients. The topic has not yet been studied in Cuba, why the authors decided to gain more knowledge in how Cuban nurse's experience working, living and existing in the same neighbourhood as her patients.

4 Aim

The aim of this study was to describe Cuban nurses' experiences of working and living in the same neighbourhood as their patients.

5 Theoretical framework

The theoretical framework for this study is the caring relationship presented by Dahlberg and Segesten (2010). The reason for the theory is that the authors, would like to discuss the personal versus the professional relationship between nurse and patient and how it is experienced in Cuba.

Dahlberg & Segesten (2010) describe the professional caring relationship as a relationship based on caring where the nurse's competence is used to identify the patient's need of caring focusing on the patient. In the professional relationship it is of great importance that the nurse is constantly reflecting, on how she approaches the patient as she needs to be professional and not private. The relationship is meant to be personal but not private. Dahlberg & Segersten

(2010) further state that there is a risk of mixing the caring relationship with the friendly relationship, the most important difference between the two is the fact that the friendly relationship is known to be based on mutuality and equality, which means that the nurse both give and get**.** While in a professional caring relationship the caregiver has no claim on receiving anything in exchange from the patient.

The theory of nurses remaining professional in a nurse-patient relationship is also discussed by Hall (2011). The author explains that it is of importance that the nurse maintains professional in the relationship with the patient, this will lead to that the patient gain trust for the nurse. It is the nurse's responsibility to form a professional relationship, and to care for the patient within the professional boundaries such as the importance of maintaining confidential information and the consequences of not respecting confidential information about a patient.

6 Method

6.1 Study design

This study have a qualitative design with semi-structured interviews in order to gain knowledge of nurses experiences in working and living in the same area as their patients (Kristensson, 2014). Interviews were conducted to make sure that every participant was able to give their personal opinion in all questions asked (See appendix 3).

The primary contact was made while in Sweden with the local mentor in Havana. He arranged a meeting with a Cuban nurse who filled the inclusion criteria, this conscious choice of participant is referred to as a typical selection by Polit & Beck (2011). The first interview was followed by a snowball sampling, which means that the authors asked the participant if she had colleagues interested to participate in the study (Kristensson, 2014). The snowball sampling is considered to be a good way of finding participants to a study with a rare topic. In this case it was useful as the political situation in Cuba was obstructing people from freedom of speech. The fact that the first participant recommended her colleagues to participate in the study made the following participants feel more secure during the interviews.

6.2 Participants

The inclusion criteria were; to be a nurse who had been working at a consultorio or at the time of the interviews was working at one, and to live in the same area as the consultorio.

Before conducting the interviews information letters were handed out and the participants were informed of the purpose of the study (see Appendix 1 and 2). Five nurses, all female,

participated in the study. Time in the profession varied between 8-22 years and the median was 14 years. The years working in a consultorio varied between 5-19 years and the median was 10 years.

6.3 Data collection

The interviews were conducted in February 2015 in Havana and lasted between 30-40 minutes. The first interview was conducted by one of the authors in Spanish; interview two-four were conducted in Havana with an interpreter who translated from Spanish to Swedish and the fifth interview was conducted in Swedish because the participant was a Cuban nurse currently living in Sweden. The interviews were conducted in different places, at the consultorio during work hours or in the private home of the nurses.

The interviews contained of two different aims that were used in two different theses. This was mainly because of difficulties of finding nurses to interview the authors conducted the interviews together. Each aim had the same introductory questions but separate interview guides. A semi-structured interview guide with open questions was used (see Appendix 3). The interview guide consisted of four introductory questions in order to get the conversation going, followed by two main questions. This allowed the participants to speak freely about their unique experiences. In all interviews the authors asked the participant if there was something they wanted to add before ending the interview. All interviews were tape recorded with the permission of the participants.

6.4 Data analysis

The authors used a qualitative content analyses presented by Elo & Kyngnäs (2008) to analyse the collected data. The authors transcribed the recorded data word by word, including laughs and pauses (Kristensson, 2014). Both authors listened to the recorded interviews several times. Each interview was given a number, following the order, which they had been conducted in. This was to ensure the anonymity of the participants. The transcripts were translated to Swedish to make sure that the authors understood the data correctly. The first step in the analysis was that both authors read all five transcripts thoroughly several times to get a whole picture of the collected data. Thereafter the authors discussed their thoughts and reflections on the content of the data. Step two was to identify units of meaning that were related to the aim of the study. All units of meaning were numbered with their specific interview number for the authors to know in which interviews they had been mentioned. Each

unit of meaning was then condensed into smaller units, which allowed the authors to understand the content of each unit. The third step was that both authors separately identified codes for the units. A code consists of one or few words, abstracting the units of meaning. The authors then discussed the coding of the texts. In the fourth step the authors compared similarities and differences between the codes. The codes that were similar to others formed themes and sub-themes. Two main themes were formed: *The nurse-patient relationship in Cuba* and *The Cuban nurse* (See appendix 4).

7 Ethical considerations

~~An~~ Ethical approve was received from the Research Ethical committee at Department of Healthcare sciences, Ersta Sköndal University College in Stockholm, Sweden (Dnr 1501/A).

Prior to the interviews a Cuban nurse working and living in Sweden helped with the interview questions to ensure that they were correctly formulated so that the participants were able to understand them. The nurse also helped with formulating the questions so that they would not be inappropriate culturally, politically or in other ways a risk for the participants.

All participants were guaranteed full anonymity and informed that participating in the study was voluntary. To ensure the participants this we started each interview by going through an informal letter together, to assure that the participants were well aware of the aim of the study. The letter also contained information on the voluntary in participating in the study, that the data collected would be protected and anonymous and also information on that the participant at any time could withdraw and decline to that the data would be used in this study. The collected data was coded with numbers and handled confidential once again to ensure the participants full anonymity.

8 Results

In this study results consisted of two main themes and six sub-themes. Each sub-theme will be discussed and exemplified by quotes from the interviews. The main- and sub themes are presented below (see table 1).

Table 1.

Main themes	**Sub-themes**

The nurse-patient relationship in Cuba	• To know one's patients • Contributing factors to a stronger relationship • Difficulties with knowing one's patients on a personal level
The Cuban nurse	• Nursing is more than just a job • The Cuban nursing culture: A familiar culture • Being close enables a better communication

8.1 The nurse-patient relationship in Cuba

Three sub-themes were formed during the analyses related to the nurse- patient relationship in Cuba. These were: *To know one's patients*, *Contributing factors to a stronger relationship* and *Difficulties with knowing one's patients on a personal level*. These sub-themes are all related to the main theme, and can be seen as different aspects of the nurse-patient relationship. The nurse's perspective of and experience of the nurse-patient relationship is the foundation of each sub-theme, is discussed below.

8.1.1 To know one's patients

Throughout all interviews, the nurses expressed that it was important to knowing the patients and their health related problems. They described that knowing the patients well was the most important and unique part of working in the consultorio compared to other health care services. One nurse described the consultorio as the fundamental part of Cuba's health care system, and giving care was easier when you had a good contact with your patients. She said:

> The work at the consultorio is really important, but the most important part is to get to know your people and all of their health problems (1).

The nurses described that to know the patients well by regularly seeing and talking to them was an advantage as it helped forming a personal relationship between nurse and patient. It allowed the patient to feel safe in different health care situation. The nurses described that patients sometimes wanted to discuss their health problems with them in the street or at the supermarket. This did not affect the nurses negatively, quite the opposite. One nurse said that when you know your patients well in more than just a professional context, you feel empathy as the patients trust you to help and care for them. This quotation may exemplify:

> It creates an important empathy for the people living in ones area, because you get to know every patient since you meet them sometimes and say hello to them on the street. It's nice. It's so much easier when you get to know your patients (2).

Knowing the patients well enabled the nurses to gain knowledge about the most common diseases in their neighbourhood. They also gained knowledge from other people living in the same neighbourhood for example if their patients were in need of care or help. The various relationships led to that the nurse could work preventive. As the nurses met their patients almost every day, it increased their chance of finding out if something was wrong or if the patient had any contributing risk factors in their environment, as exemplified by this nurse. One nurse said:

> It's good with the consultorio because it integrates with the society… we can help finding diseases that you didn't know you suffered from…we look at the health for the whole family…when you go to hospital it might already be too late with the disease… (4)

8.1.2 Contributing factors to a stronger relationship

Two contributing factors to create a stronger relationship with the patients were brought up several times, continuity and living close to ones' patients. First of all nurses expressed that continuity was important to be able to get know your patients well and to create a relationship with the ones you treated and their families. It was explained that only two nurses were working in each consultorio and every nurse had her own group of patients, which eventually led to a stronger relationship between nurse and patient. It was described that the nurse saw all patients often, as there were different health programs that she needed to implement on a daily basis. It could be programs for asthmatics, diabetics or for elderly people: "There are many programs that are followed up every day… it's very personal since the contact is continually" (3). One nurse said:

> To work in a consultorio, makes the relationship with the patient much stronger, its closer to your people…consultorio is the door, the door. In the consultorio you work as a team, you visit your patients almost every day… the physician also has a good contact with the patient, you see the patients more often, you have a better relationship with them and you get to know them better (3).

The other contributing factor to a stronger relationship that emerged in all interviews was to live close to ones patients. All nurses participating in this study lived close to their patients, as the program of the consultorio says that you have to live in the same neighbourhood as the consultorio. This made it possible to form strong relationships with all patients. All participants expressed that it was an advantage living in the same area as their patients, because it created a personal nurse-patient relationship, since they also met in social contexts after work hours and talked about things that were not related to health.

8.1.3 Difficulties with knowing one's patients on a personal level

The third sub-theme that was formed related to the nurse-patient relationship was difficulties that would arise due to the personal relationship the nurses had with their patients. It was brought up several times that it was difficult to follow the code of ethics when you knew your patients more than just in a professional context. In the interviews it was described that in Cuba it's common if a person is ill and if the nurse knows the patient's family, she tells them about the person's disease, even if the ethics says she shouldn't. One nurse explained difficulties when a person came to the consultorio to know more about a family member's disease without this person's knowledge. She further explained that she often gave confidential information about the patient, even if she knew that it was not ethically correct as described in the following quotation;

> It's difficult to follow the code of ethics. There is something called ''etica medica'', we read about it in school. But even if we read about it, we didn't act after it. Its not that strict here *laughter*, it's common that the family of a patient come to see us at the consultorio or at the street and want to talk about their family member's health related problems (5).

Another difficulty was to give bad diagnoses to a patient that they knew more than in just professional context. It affected the nurse to know that a patient that she cared for and knew was seriously ill. She said:

> It could be difficult sometimes if someone got really ill. Then it was harder telling them that kind of things, since you knew each other. You were like a family, so of course if affected you if something happened… I think that was really difficult (5).

8.2 The Cuban nurse

The second theme presented is the Cuban nurse and three sub-themes. The sub-themes presented below are: *Nursing is more than just a job, The Cuban nursing culture: a familiar culture and Being close enables a better communication*. These sub-themes addressed issues concerning being a Cuban nurse in a typical Cuban caring culture and how the nurses in the study experienced this.

8.2.1 Nursing is more than just a job

In several of the conducted interviews the participants mentioned the fact that as a Cuban nurse you are not only a nurse during work hours, you are a nurse 24 hours a day: "Yes, even when I am not working I get asked things on the street, it is in fact a part of being a nurse

laughter"(1). This nurse said that this is normal for them and that it is a part of the Cuban culture to be available and helpful even when you are not working.

The consultorio program states that you should live in the same area as the consultorio you are working in, to be more available to the people. One nurse said that: "living close to the consultorio and ones patients is good, because if you have patients you didn't have time to visit during work hours, you can go visit them afterwards" (3). Being a nurse in Cuba was described to be more than just a job as the nurses were available outside of work hours as described below;

> Being a nurse in Cuba is more than just a job. Especially if you work on a consultorio… then you help out even if you're not working. It is not always a job to help… you don't quit being a nurse just because you get of work (5).

Even though, the nurses were asked to do things outside work hours no participant expressed any stress or negative feelings of being available at all times, on the contrary it seemed as the nurses were proud helping their people at all times, as exemplified below;

> Sometimes when I meet my patients on the street, they are fine… but there are other times when they feel unwell in their particular disease and sometimes in these cases I follow them to their home… I think it is good… If someone is feeling sick and asks me to come to their home I do it. There is nothing bad about it, I love my job (3).

8.2.2 The Cuban nursing culture: a familiar culture

The Cuban nursing culture had to do with the fact that you as a Cuban nurse and working at a consultorio often treat and care for whole families. It means that you meet families regularly as one day you might visit the father in a family and another day one of the children in the same family. The nurses in this study stated that it is normal that you become a part of the family and that they treat you as a family member because of the Cuban culture. For example, one nurse said:

> Hm, it is just emphatic. Cubans are very social. We take their trust in us very seriously. And many times when you are walking the streets they greet you as if you were a part of their family. You become as a family. Because of the fact that you are treating the health of the whole family there will come a day when you become as a part of their family. It is probably typically Cuban, I don't think that it is the same in other places (2).

The interviews also revealed that Cubans overall are very social and emphatic people: "Cubans are very social and emphatic and invites you to be a part of the family. The entire neighbourhood knows you as a nurse, and knows that you look after them" (2). The

participants described that their relationship with the patients and their families was familiar as they treated each other as equals and not as a nurse or a patient. One nurse said:

> We often get very close to our patients and the relationships are often familiar. We often become a part of the family. We have good relationships with our patients. They do not treat me as a nurse and I don't treat them as patient… we are like one big family! (4).

8.2.3 Being close enables a better communication

Living and being close to the patients was shown to be positive in many respects aspects. The study showed that it was easier to communicate with the people. The nurses expressed that the communication in Cuba involved a number of difficulties such as; because of the fact that everyone does not have a phone and, therefore, the fact that you as a patient live close to the consultorio makes it easier to communicate. As one nurse said:

> Because of the difficulties with the communication here, and the fact that everyone does not have a phone, it is easier to live close to each other. It makes it easier to get knowledge if something has happened or if someone got sick. If there are any complications you get knowledge of it faster (2).

The nurses experienced that the communication with the patients was made more accessible as they, too, were in the social environment. The nurses expressed that when they were walking the streets they got information from the people about changing health issues concerning their patients.

> We walk the streets and do not always need to go home to people to check up on them, people, for example neighbours come telling me: "X help this woman because she is sick". The people are telling me who is sick, and for example who is drinking too much (1).

The nurses described that patients and family members felt secure knowing that the consultorio was nearby and that they at any time could communicate with the nurses. One nurse said:

> Because of the fact that the consultorio is in the same neighbourhood as the patients live they can often come visit spontaneous, which I think makes them feel calmer. It creates an emotion of safety among them, knowing that we are close by. They can easily get help… (5).

This nurse emphasised the third benefit in living, working and existing in the same area as the patients.

9. Discussion

The aim of the study was to describe Cuban nurses' experiences of living and working in the same neighbourhood as their patients. The method and results will be discussed below. The

results will be discussed specifically in relation to the theoretical framework; the caring relationship by Dahlberg and Segesten (2010). Furthermore the method will also be discussed below.

9.1 Methodlogical considerations

When selecting participants for the study, contact was made with a local mentor in Havana. The mentor asked one nurse, who met the inclusion criteria's, if she wanted to participate. According to Polit and Beck (2011) this type of selection is called a typical selection, which means that the authors made a conscious choice recruiting a nurse who could tell us about the specific topic chosen for the study. Thereafter a snowball sampling followed (Kristensson, 2014), the first nurse was asked if she had any colleagues who would like to participate in the study. Kristensson (2014) emphasise the importance of striving for a broad variation when choosing participants. In our study this could be considered a weakness as only five nurses participated and all with the same experiences. It was difficult to find nurses to interview because of the political situation in Cuba. Regardless the lack of variation in the sampling, it showed to be a positive outcome in the study knowing that every nurse we interviewed had experiences related to the aim of the study.

The interviews were conducted with two semi-structured interview guides including two different topics for two different theses. This could be considered both as an advantage and a weakness. The advantage could have been that the data become more comprehensive containing two different aims. However, data related to the other aim was not useful in our study, this must be considered as a weakness.

We would also like to discuss the use of language in the data collection phase. The first interview was conducted in Spanish by one of the authors. Interview two, three and four were conducted in Spanish but with a Swedish interpreter and the fifth interview was conducted in Swedish. Kapborga and Bertero (2002) discuss the validity of interviews as it can be a risk associated with translation when using an interpreter. To ensure that the interpreter did not leave out important details when translating, one of the authors speaking Spanish listened to all interviews afterwards to be sure that the translation was valid.

We used a qualitative content analysis to analyse the transcribed interviews. This type of analyses is often used in nursing studies and in studies where the aim not yet has been studied (Elo & Kyngnäs, 2008). Using the qualitative content analyses allowed the authors to get a broad description of the participated nurse's experience related to the aim of this study.

According to Graneheim & Lundman (2003) it is important to read the collected data several times to get a better understanding. Both authors did so and got a whole picture over the material, which later made it easier in the analysing process. To use content analyses allowed us to find patterns in the interviews, which was what we aimed at. It was also an advantage using this kind of analysis because it enabled us to work more structured, by following the different steps in the analyse process (Kristensson, 2014). The results in a qualitative study shall be reliable, and therefore it was of importance to use quotations, table 1 and a matrix explaining different steps of the analysis (Elo & Kyngnäs, 2008).

Through the study, it was an advantage to work together. When we both had read through the interviews several times, we reflected over and discussed findings. When two people collaborate in a study difficulties might occur, such as different views and opinions that can affect the whole process of the study.

9.2 Discussion of results

According to the result of this study, it is very common that the Cuban nurse knows her patients more than just professionally as she is living in the same social context as her patients. Thus Cuba's health care system differs from what we are used to in Sweden. In Cuba nurses know their patients also in contexts that we would describe as private. Dahlberg and Segesten (2010) state that nurses should stay professional in all relationships with their patients.

The result of this study shows that there are both advantages and disadvantages of knowing patients too well. Most Cuban nurses only have one perspective on giving care. Since the revolution in -59 the Cuban population are restricted to travel abroad (Bunck, 1994), partly because it is expensive and because the leaders of Cuba want to control their population from moving to another country. Cubans need a certain invitation from another country to come and visit and therefore only one of the five nurses interviewed had been abroad. As mentioned in the method one of the interviewed nurses was currently living in Sweden and had other perspectives on giving care. With this in mind, it could be argued what is right and what is not when drawing the line between the professional and private caring relationship.

The caring relationship is described by Dahlberg and Segesten (2010), in their theory of the nurse- patient relationship. Their theory states that if the nurse develops friendship or private relationships with her patients, her professionalism can be jeopardized. The nurses in our study explained that it is normal to treat patients as friends or family and it is common

that they become a part of families they are caring for. This could be compared to what Dahlberg and Segesten (2010) describe as a private relationship, with mutuality and equality between nurse and patient. Furthermore, if the nurse knows her patient privately there is a risk that she no longer reflects on her personal views and attitudes. Instead of a professional approach, she approaches the patient as a friend. In opposite to Cuba, in Sweden the caring relationship shall be professional, meaning that it is built on reflection and strict professionalism. In every caring relationship it is important that the nurse finds the fine line between being professional and private, as Dahlberg & Segesten (2010) state, the nurse can be personal but not private.

However, the participants also brought up difficulties of knowing ones' patients too well. The Cuban nurses explained that it was really hard to follow the code of ethics. The international code of nursing (ICN, 2006) states that it is important that the nurse handles personal information about a patient confidentially. Since the nurse becomes a part of families that she is treating, it is common that she spreads information about a patient's illness to friends or relatives when family members or relatives request information regarding a person's health or illnesses. McGowan (2012) states that nurses have many ethical and legal duties in their professional roles, one of these is to respect and protect the patient's privacy and confidentiality.

The nurses in our study stated that continuity was a contributing factor to a stronger relationship between nurse and patient and continuity was described to be important supporting trust and safety among patients. The program of the consultorio states that nurses have to live in the same neighbourhood as the consultorio. Furthermore each nurse has her own group of patients, which leads to continuity. According to a study by Holmberg, Valmari and Lundgren (2012) the patients' trust towards the nurse required that care was based on honesty and was available when the patients needed it. The same study described that patients appreciated if the nurse made extra visits to the patient's home and also expressed the importance of receiving care from the same nurse.

The Cuban nurses in this study consider nursing to be more than just a job. The participants explained nursing in aspects of always being available and helpful, even when they were not working. Dahlberg and Segesten (2010) discuss caring situations where the nurse's wellbeing can come to be jeopardized due to stress or heavy workload, such as being available 24 hours a day. On the other hand, they also state that being available 24 hours a day could be an advantage as long as a nurse feels satisfied with work. Satisfaction may improve the care provided to the patients. No participants expressed any negative feelings about their

workload, thus we believe that the care they provided was improved by the satisfaction they felt of being helpful. They considered “Nursing to be more than just a job” as a positive aspect and not as a heavy burden.

Cuba is a socialistic one party state with a planned economy, meaning that all works pay more or less the same salary. A monthly salary for nurses is approximately 200 SEK, which could be the reason of choosing a job because of your interests. This can be compared to nursing perceived as “a calling” in Florence Nightingale spirit (Malpas, 2011).

The Cuban nurses expressed no difficulties with becoming a part of the families that they were treating; on the contrary they described it as a normal part of the Cuban culture. The results of this study showed having a private relationship with your patients is a cultural and normal fact when working as a nurse in a consultorio.

Wälivaara, Sävenstedt and Axelsson (2013) showed in their study that the caring relationship is built on a trust. This may be another way of seeing the very personal relationship between the Cuban nurses and their patients. It could be argued that norms sometimes hinder trust; being invited to become a part of a family may put norms aside. In contrary to what Swedish literature says for example Dahlberg and Segesten (2010), caring relationship may need a varied degree of privacy.

Wälivaara et al. (2013) described a risk of being too familiar with your patients. They found out that the nurses spent more time with patients that they had the best relationships with which could lead to less care for other patients.

Since lack of electronically equipment Cuban people have to communicate face to face, which was considered positive in many aspects by the participants of this study. It enabled a better dialogue between nurse and patient. This finding is supported by Dahlberg and Segesten (2010) who describe that the caring meetings can be jeopardized when nurses speak to patients for example on the phone and they underline that a caring meeting needs to be face to face. The closeness to the patients was described by the nurses in this study as facilitating the best communication with their patients.

It could be concluded that all caring relationships should result in improved health, relieved suffering and increased well-being of every patient the nurse cares for (Dahlberg & Segesten, 2010). Whether the caring relationship is described as professional and more distanced as in Sweden, or very personal as in Cuba, the most important is that the focus is on the patient and hers or his need of care.

10. Clinical implications

It is important for nurses to learn from other cultures, because nurses meet patients from variety of cultures and with different views on caring relationships. Cuba and Sweden have almost the same level of health but rather different views of the caring relationship. With this in mind we would suggest not to be afraid of getting more personal with patients, as it showed to both improve the care and increase nurses' satisfaction.

11. Further research

In this study only nurses were interviewed, which left out the patients view on this matter. Therefore it would be of great interest to find out more about the patients perspective and experience regarding this topic.

12. Conclusion

The aim of this study was to describe Cuban nurses' experiences in working and living in the same neighbourhood as their patients. The results showed that the participants considered that as an advantage and a normal part of the Cuban nursing culture. They described that it enabled a better nurse-patient relationship, face-to-face communication, continuity and increased availability. To be available at all times was not seen as negative by the participants, on the contrary they expressed a great pride in being a nurse at all times, even when they were not working.

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Appendix 1, Letter of information, English

Information regarding participation in this study

This study is aimed at registered nurses and intends to investigate the work performed by nurses. The aim of the study is to describe nurses' experiences of working and living in the same area as their patients. With this letter of information, you are asked if you would consider participating in this survey.

If you would choose to participate you will be interviewed. The interview will be a conversation during about one hour, and it will be recorded with your consent. The interview will then be transcribed to facilitate the analysis. There will not be any names or other personal data printed that could reveal that it is you who participated. It will be Eliza Trujillo that will be interviewing. The recorded data will be saved at a data memory (USB) and kept under lock. A report will be written and when all the interviews are done the data memory will be destroyed. The report will be available both on paper and electronically via the Ersta Sköndal University's library. You participation in this interview is voluntarily and you can withdraw your participation at any point without explanation. If you have any questions about the study or the interview, do not hesitate to contact one of the following persons listed below. If you are interested in participating in this study, please contact me on the telephone number listed below in order to agree on time and place for the interview.
Number: +53XXX
Research Ethics Committee of the Department of Health Care Science, Ersta Sköndal University College has approved the survey 2015, Dnr 1501/A

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Appendix 2, Letter of information, Spanish

Solicitud de participación en estudio/ Para usted q es personal

Este estudio esta dirigido a personal. Y tiene la intención de investigar tu experiencias de trabajar y vivir en lo mismo lugar como tu pacientes. El objetivo del estudio es que los autores desean participar de las experiencias de la enfermera cubana que vive y trabaja cerca de sus pacientes. Con este formulario se te informa si deseas participar en el estudio. Si usted desea participar será entrevistado. La entrevista es como una conversación que durara cerca de una hora y seria grabada si usted da su permiso. La entrevista se imprimirá para facilitar el desarrollo del estudio.

No se escribirán nombres o ningún dato personal que revele quien es la persona que esta siendo entrevistada. Es Eliza Trujillo la que hara la entrevista. Los datos de la entrevista de la entrevista se guardaran una memoria datos (USB). Los datos obtenidos se guardaran bajo llave. Se escribirá un reporte cuando todos los participantes se hayan entrevistado después se destruirá la USB. El reporte estará a disposición en formato de papel y de forma electrónica a través de la biblioteca de Ersta Skondal högskola.

La participación en este estudio es voluntaria y cuando así se quiera podrá suspenderla sin dar explicaciones. Si usted tiene preguntas sobre este estudio puede contactar a alguna de las que relacionamos a continuación de esta pagina.
Estas interesado en participar entonces contáctanos para acordar el día y el lugar de la entrevista. Numero de teléfono: +53XXX
El comité investigativo de la institución para la ciencia del cuidado del paciente, Ersta Skondal ha aprobado esta investigación 2015, Dnr 1501/A

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Appendix 3, Interview guide

Introductory questions

1. For how long have you worked in this consultorio?
2. For how long have you been working as a nurse?
3. How old are you?
4. Do you live in the same area as your patients?
5. Can you tell us about an ordinary day at work?

Interview questions

1. How do you experience to live and work in the same area as your patients?
2. Do you often meet your patients on the street, how does that feel?

Roundup question

1. Is there something else you would like to add?