

Personal and professional characteristics of the primary care nurse in the cultural care of migrant populations

Características personales y profesionales del enfermero de atención primaria en el cuidado cultural de poblaciones migrantes

Características pessoais e profissionais do enfermeiro de cuidados primários no cuidado cultural de populações migrantes

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ABSTRACT

Objective: To analyze the personal and professional characteristics perceived by primary nurses from a province located in the Maule region, Chile, regarding care with cultural relevance of the migrant person.

Method: Qualitative paradigm with an instrumental case study design, participated 9 professionals from 3 Family Health Centers, meeting inclusion criteria. The article is part of the doctoral thesis work and has the approval of the Scientific Ethics Committee of the *Universidad Católica Del Maule*. Data collection was through in-depth semi-structured interviews, between January and February 2020. The analysis was carried out from Albert Schütz's sociophenomenology with hermeneutical components.

Results: Empathy and cultural knowledge stand out as personal characteristics and in the professional area, comprehensive knowledge, and care.

Final considerations: Caring with cultural relevance is a challenge for nursing, training in cultural competence is required and continue researching on the subject.

Keywords: Culturally competent care. Transients and migrants. Nursing care. Nursing practitioners.

RESUMEN

Objetivo: Analizar las características personales y profesionales que perciben los enfermeros y enfermeras de atención primaria de una provincia de la región del Maule, Chile, respecto al cuidado con pertinencia cultural a la persona migrante.

Método: Paradigma cualitativo con diseño estudio de caso de tipo instrumental, participaron 9 profesionales de 3 Centros de Salud Familiar que cumplieron criterios de inclusión; el artículo es parte del trabajo de tesis doctoral, cuenta con la aprobación del Comité de Ética Científico de la Universidad Católica del Maule. Recolección de datos fue mediante entrevistas semiestructuradas en profundidad, entre enero y febrero 2020. El análisis se realizó desde la sociofenomenología de Albert Schütz con componentes hermenéuticos.

Resultados: Destaca la empatía y conocimiento cultural como características personales y del área profesional conocimientos y cuidados integrales.

Consideraciones finales: Cuidar con pertinencia cultural es desafío para enfermería, se requiere formación en competencia cultural y continuar investigando en la temática.

Palabras claves: Asistencia sanitaria culturalmente competente. Migrantes. Atención de enfermería. Enfermeras practicantes.

RESUMO

Objetivo: Analisar as características pessoais e profissionais que os enfermeiros da atenção primária em uma província da região de Maule, Chile, quanto ao cuidado com relevância cultural à pessoa migrante.

Método: Paradigma qualitativo, com desenho de estudo de caso instrumental. Participaram 9 profissionais de 3 Centros de Saúde da Família que atenderam aos critérios de inclusão para participação no estudo. Este trabalho faz parte de uma tese de doutorado, aprovada previamente pelo Comitê de Ética Científico da *Universidad Católica del Maule*. A coleta de dados foi realizada por meio de entrevistas semiestructuradas em profundidade entre janeiro e fevereiro de 2020. A análise foi realizada a partir da fenomenologia social de Albert Schütz com componentes hermenéuticos.

Resultados: A empatia e o conhecimento cultural destacam-se como características pessoais e conhecimento e cuidados integrais são destacados como características profissionais.

Considerações finais: Cuidar com relevância cultural é um desafio para a enfermagem, pois exige formação em competência cultural e pesquisas contínuas sobre essa temática.

Palavras-chave: Assistência à saúde culturalmente competente. Migrantes. Cuidados de enfermagem. Profissionais de enfermagem.

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■ INTRODUCTION

In Chile, nursing is an occupation aimed at managing the care of the person, family, and community, looking for achieve a better state of human well-being. Its scope of action is concentrated in four areas, namely: assistance, management, education, and research, so that nursing professionals are trained to act in different scenarios where the mobilization of competencies of the specific labor field of this Health area is required.

The current migratory scenario has led nurses to work in a different demographic and health context, since it is their responsibility to take care of "another migrant", who has their own values, beliefs and customs. The adaptation of care to this new scenario demands preparation by the nursing professional, to provide care with cultural relevance.

In this order of ideas, intercultural relations are phenomena inherent to the social configuration of historical and current Chile, which includes native peoples and migrant population⁽¹⁾. In the case of the latter, their presence has increased in recent years, mainly because they traveled to Chile in search of better working conditions, education, and services in order to achieve greater individual and family well-being.

On the other hand, the concept of competences has been defined in many ways, however, a common description indicates that competence consists of an integral action capable of articulating, activating, integrating, synthesizing, mobilizing and combining knowledge (knowing, doing and being) with its different attributes⁽²⁾. Some authors indicate that the development of these axes by health professionals in Chile (increasingly multicultural), will allow them to understand in greater depth factors related to culture, such as eating habits, parenting styles, relationship of the environment with the community, with the spiritual sphere, among others, that directly affect the quality of health and life of each patient, and indirectly, in the general population⁽¹⁾.

Therefore, the competencies are defined as: "repertoires of behavior that someone performs better than another"⁽³⁾. One of the most well-known definitions of competencies is "Knowing how to act in a pertinent way in contexts, facing with clear criteria of quality and humanity, those problems that are from the own profession and citizenship, for which resources are selected and mobilized from all type, personal character, networks and context; being in a position to give an account of the decisions taken and taking responsibility for the results or impacts thereof"⁽⁴⁾, which invites us to reflect about the personal and professional characteristics that must be present in professional practice in order to achieve "act competently in a migrant setting" that demands care. On the

other hand, the competencies are "mobilization capacities of various cognitive resources to face a type of situations", which allows us to act in specific situations, go through complex mental operations and sustained in thought schemes⁽⁴⁾.

From the initial training of professionals, there is an interpersonal generic competence approach that is related to the different capacities that make people achieve good interaction with others. Within these are social and individual. In the latter there is a classification called "diversity and interculturality", which aims to develop in students a positive vision of the diversity and heterogeneity of cultures, languages, races, in short, different ways of seeing, feeling and being that are a wealth more than a difficulty⁽⁵⁾.

From the specific field of nursing, the concept of cultural competence has been developed, as the ability to work appropriately within a cultural context, in a family, individual or community⁽⁶⁾, intercultural challenges for which awareness is needed, skills and cultural desire.

Another development of the concept is the ability of the professional to provide care based on the cultural characteristics of the individual or community, promoting the cultural understanding of human situations in the health-disease process⁽⁷⁾, being the cultural and compassionate look, which completes the concept, focusing the nurse's ability to understand the suffering and vulnerability of the care subject, in order to act according to what culturally the other conceives⁽⁸⁾.

In a study carried out in Chile, it is indicated that one of the challenges is the perception of cultural barriers, it indicates that, in order to achieve a good relationship between health provider and user, in addition to solving administrative and technical issues, it is essential to understand culture, customs and language of the patient being treated. Primary health workers often face a culturally foreign and unfamiliar world; with effort they have managed to adapt based on their own experiences and creativity⁽⁹⁾.

Given the above, it is interesting to know what are the characteristics that primary care nursing professionals must have to care with cultural relevance? This article is addressed in this article, the objective of which is to analyze the personal and professional characteristics perceived by nurses and primary care nurses from a province of the Maule region, Chile, regarding care with cultural relevance to the migrant person.

■ METHOD

The study is qualitative, based on a sociophenomenological epistemological ground with an instrumental case study design, which sought to analyze the meanings granted by nursing professionals, who work in the CESFAM (Family

Health Center), regarding the deployment of professional and personal skills to care with cultural relevance. Paradigmatically, the study is oriented from the sociophenomenology proposed by Alfred Schütz, whose analytical axis starts from the premise that the investigation of human life presupposes the understanding and interpretation of the experience of the natural attitude. Schütz takes from Husserl the concept of the “world of life” (*Lebenswelt*) which is conceived as a natural, physical, and cultural horizon, which, understood in its entirety, as a natural and social world, is the setting and what sets limits to human action and reciprocal action⁽¹⁰⁾. This article is part of the doctoral thesis work entitled: “Constructed meanings about the incorporation of intercultural health issues in nurses training”, a thesis project that has the approval of the Scientific Ethics Committee of the *Universidad Católica del Maule*, No. 270/2019, each of the study participants signed the informed consent.

The design of this research is a case study, it corresponds to themes that are unique and have certain characteristics that merit a deep study and a more realistic approach to the context where the phenomenon to be investigated takes place⁽¹¹⁾. It is an investigation of a personal character, a deep study of people is made, the researcher is encouraged to contribute their personal perspectives to the interpretation (emic approach). The study participants correspond to nursing professionals from a province of the Maule Region, Chile. This town serves a migrant population of close to 2000 people whose countries of origin are mainly Colombia, Venezuela, and Haiti.

The inclusion criteria for the selection of nursing professionals were the following: (1) Nurses with five years of experience and (2) who work in a family health center. At the moment that the speeches of the participants achieved convergence of meanings, the data collection was stopped, which were collected between January and February 2020, through in-depth interviews. The interviews were individually conducted and centered on understanding the phenomenon of the study. The duration was 30 to 40 minutes.

The research questions that guided the interviews were the following: What personal characteristics do you think you must have to be competent in clinical practice with a migrant population? and What professional characteristics do you think you should have to be competent in clinical practice with a migrant population?

Each one of the interviews was carried out according to the professional's time availability and in an environment free of noise and interruptions, in order to correctly make the records through a high-fidelity digital recorder, for later transfer of the audio to a computer and perform the process

of transcribing the interviews. Data analysis was performed manually. After having the transcripts, we proceeded to carry out thematic content analysis that involves the traditional content analysis and the constant comparative approach, which consisted of: a) selection of the communication model, b) performance of a pre-analysis, c) definition of the units of analysis, d) elaboration of codes, e) definition of the categories, f) final synthesis⁽¹²⁾.

■ RESULTS

A total of nine interviews were conducted with nursing professionals who work in three CESFAM in a province of the Maule region. This article addressed two dimensions that are personal and professional characteristics, in terms of the competencies considered by nurses in the primary care (PC) healthcare area to be competent in clinical practice with a migrant population.

Table 1 shows the participants profile, where the female sex predominates, young people, whose ages fluctuated between 25 and 35 years, with more than seven years in primary care, with two participants who are adults whose ages are between 55 and 65 years, who have 25 years of professional practice in the area.

In table 2 it indicates that the first dimension addressed was personal characteristic. Likewise, the empathy category was highlighted in the report, being mentioned in most of the interviews as a desirable characteristic of the nurse to be competent in clinical practice with a migrant population, since this ability will allow us to understand the situation of the migrant when inserted in a culture different from his own and in a sanitary environment, where he/she demands care. This is how the participants reported the following:

To start with, I think that one should be empathetic, always try to place oneself as always in the place of the external user who comes from an unknown place, with a different root or culture. (E6)

I mainly believe empathy, empathy with our users, also having a welcoming fascia with the migrant, not making that angry face with them. (E7)

Understanding that the migrant comes from another country, which has a different worldview from the destination country, requires an understanding of health personnel and a high sense of otherness, in order to provide care that harmonizes with their beliefs, values and customs. Around this, a participant stated:

Table 1 – Participants profile

Interview	Gender	Age (age group)	Marital Status	Years in PC
1	Female	25-35	married	9
2	Female	55-65	married	25
3	Female	55-65	married	25
4	Female	25-35	single	9
5	Female	25-35	single	8
6	Male	25-35	married	9
7	Female	25-35	married	9
8	Female	25-35	married	9
9	Female	25-35	married	9

Source: Own elaboration, 2020.

Table 2 – Dimension and category derived from the analysis of the interviews

Dimension	Category
Personal Characteristic	Empathy
	Cultural knowledge
Professional Characteristic	Comprehensive Care
	Knowledge

Source: Own elaboration, 2020.

Putting ourselves a little more in the unknown place, that they are more vulnerable, they require attention, they require support... and with all the support that we can give to put ourselves in their shoes, empathy, with what they have, with the support that they can to receive... (E3)

It is also found as a characteristic at the time of caring, having cultural knowledge, a characteristic that is recognized as desirable, but which at the same time is reported as a lack of interest by health officials to learn to know the other. This is visualized in the following textuality expressed by one of the participants:

and they just stay there, they don't even want to study a little more to provide better customer service, if they are our users, they stay there, it is more comfortable. (E4)
have a bit of equal knowledge about the other person, with their language, you have to have knowledge of their language, some facilitator, have knowledge of their culture. (E2)

It is recognized in the speeches that in order to care, it is not enough to know the origin of the migrant, one must know the culture of the other, in order to provide comprehensive care. This is reflected in what the participants say:

you have to understand that if you don't understand the culture of the person, you cannot come and impose things and give directions regarding this because you have to understand that the person is not going to get in easily. (E8)

One needs to understand, must believe in the rituals and beliefs that exist regarding health, to be able to take good care of it. Yes, having initiative and being proactive as well and wanting to do things well. (E9).

The second dimension addressed is related to the professional characteristics that nurses consider that should be achieved in order to be competent in clinical practice with a migrant population, the comprehensive care category was presented in the speeches, as indicated by the participants, who say so following:

...for example, I am in charge of the vaccination, we have implemented, we have made a vaccination schedule with the other language eh, also here the doors to our box are also translated, ehh there is also the profession and it is in creole, we have to try to familiarize ourselves and make the user feel familiar with us as well. (E7)

As a nurse, I have had little experience with the migrant population, but personally, what has cost me is the issue of language, for me it is an issue when I know that I have a Haitian patient, it limits me a lot the issue of language to be able to care comprehensively. (E6)

Within the interviews, the holistic view that must be developed to care for the migrant is indicated, which is evident in the following statement:

Integrity, you must look at the human being as a whole, you have to see him completely in his culture, in his rituals that he is a human being who has his family behind him, they are getting used to seeing in the country. (E9)

They are human beings the same, they are not just a physical part that hurts their shoulder ... no and that we are just taking care of today, the physical. His/her shoulder hurts, his/her head hurts, his/her back hurts, nothing more, he/she does not get out of there so it is painful, it is not professionally adequate, it demotivates. (E4)

A second category addressed in the professional characteristics dimension corresponds to knowledge, as fundamental elements to understand the migrant culture and thus provide care with cultural relevance, as reflected in what the participants indicate:

To be in force, to be concerned about the culture, what are their ideals to this very thing that we are talking about before developing it a little more, to understand why they are like this, where they are from, in what conditions they were living a little before... Prepare ourselves in that in developing ourselves professionally in knowing that culture. (E3)

You must know how to be prepared in terms of reasons for migration, which can be given for many reasons in what is taking place, then have that knowledge of what is the reality and the current situation and the context in which this migration is taking place, because they are different. (E1)

■ DISCUSSION

Migration is no longer a purely demographic phenomenon, due to the varied repercussions that it brings both in the lives of the people who migrate, and in the communities that receive them⁽¹³⁾. The migrant decides a course of action in one sense and not another, in the light of what he/she considers significant with respect to his deepest convictions and interests⁽¹⁴⁾, in search of better opportunities for their life. Consequently, the various conditions in which migration occurs, makes the person who migrates more vulnerable in terms of health, physical and psychological well-being.

Primary health care is the first instance of contact of people, family and community with the public health system, and must be accessible and affordable⁽¹⁵⁾, therefore, the migrant population will access health services through the centers inserted in the community, hence the importance of having trained personnel in the care for the migrant.

In relation to the findings of this study, it is possible to indicate that within the personal characteristics that a nurse must have to care with cultural relevance is empathy, since they must be able to place themselves in the place of the "other migrant", which comes in search of better living conditions, is part of the humanized sense that a health professional must possess and practice. In relation to this, it is argued that today one of the axes of the paradigm shift in the behavior of health professionals is linked to the need to move towards more humanizing care with patients⁽¹⁶⁾. Without forgetting that care is essentially qualitative: the nurse observes, listens, feels, smells; that is, he/she works with the senses and emotions of the world of life⁽¹⁷⁾. The essence of what it is to be a nurse, those who work based on human responses, interact with the subjectivity of the world of people's lives, who value needs in the context of

normality or alteration, in both cases the mission is always to seek the maximum state of well-being, “remember that the most important value that a person possesses is precisely to be a person, therefore, the moral commitment with it is a basic condition of all human relationships”^(16:109).

A study carried out in an indigenous context defines empathy as the process of understanding, respecting and verifying the meaning of the patient’s observations, being identified as a quality of the nurse that is linked to respect for beliefs, lifestyles, tastes and needs⁽¹⁸⁾. to this it is added that the nurse sees the need to have a humanized approach with the indigenous, which favors communication, also helps them to be more receptive to care and improve their attitude towards the indications that must meet.

In the same way, empirical evidence indicates that we must recover our social empathy⁽¹³⁾, understand what it must mean to live the migration process and be able to establish strategies so that the person who migrates feels welcome and at the same time communicated with their loved ones who remained in your home country. Therefore, when I meet a man who acts in the social world, I know that I must understand him as a human being, which means that his actions mean something to him as much as to me; they relate to their world as much as to mine, and finally contribute to the interpretive scheme that he has been building to live their life⁽¹⁴⁾.

A second necessary characteristic is having cultural knowledge, a category that was presented in both dimensions personal and professional characteristics.

To achieve better care for migrants, it is important to recognize the socio-cultural context of the people who migrate to the country, and especially in the health area, since it is necessary for the teams to approach the culture of the assigned population. Situation that turns out to be a challenge at the level of recipient countries, due to the complexity of growing diversity⁽¹⁵⁾. Challenge, imposed by the current globalized world for the areas of health and therefore nursing, which is due in part to the many changes that continually occur in the political, economic, social, cultural ambit and impacting on the health of the individual and collective population⁽¹⁹⁾, which makes it necessary for higher education institutions to adopt global health skills to be developed by the nursing student and contribute to the strengthening of the career, in this matter.

Although nursing professionals consider that it is necessary to know the migrant culture, there is a lack of motivation to learn about the subject, even when a gap is recognized in this area, which makes it difficult to provide care. Intercultural health in indigenous peoples’ contexts shows that health personnel consider the lack of training on the

Mapuche culture and its worldview as the main barrier to its implementation⁽²⁰⁾. In the same way, it is mentioned that culturally diverse contexts demand from health professionals the authentic appropriation of an intercultural vision, which does not occur from passivity, but from dialogue - action between cultures. Consequently, a personal commitment is needed, since without willingness there can be no real and effective communication between cultures⁽²¹⁾. It is essential to learn the other’s language.

The challenge of training nurses with cultural knowledge must begin in undergraduate training, which must respond to the demographic and epidemiological changes that are developing, both nationally and internationally. Traditionally, nursing education and practice are restricted to local realities, but in order to act globally, the nurse needs to expand their knowledge and cultural capital, understanding beyond their reality, which requires the participation of higher education institutions, who must face the challenge of rethinking traditional models, which point only to the clinic and to look for instances in their curriculum that allow discussing issues of citizenship, respect for differences, human rights and global health⁽²²⁾.

From the analyzed discourses a lack of interest on the part of the nurses to be trained in cultural issues can be deduced, which places an important barrier for the migrant with the greatest difficulty in accessing the public system. In this way, authors make it clear that the trust and interest shown by some professionals to understand the language and cultural beliefs, facilitate the access of migrants to the official health system of the country⁽¹⁵⁾, which remains under the criterion of good disposition of those who make up the health team in terms of sensitivity to the issue and improvement in care. This is complemented by another study that recognizes the complications in care, since primary health workers do not necessarily have tools that allow them to provide care that is culturally sensitive to the needs of the migrant community⁽¹³⁾. It becomes a challenge when it comes to providing care to the population, since professionals trained in matters related to migrant cultures are required. Thus, it is recognized in the speeches, adaptation activities in the CESFAM units, in order to facilitate access to care, but it is insufficient to achieve culturally coherent care.

The world is culturally intersubjective, since it is lived in it as men among other men, with whom we are linked by common influences and tasks, understanding others and being understood by them, therefore, it is essential to be aware of the historicity of culture found in the traditions and customs in which we are inserted, for this reason, I cannot understand a cultural object without referring to the human activity in which it originates⁽²³⁾.

At the national level, it is indicated that health workers have the perception that there is a lack of preparation and training of the teams in cultural matters and to better understand this new population, as well as strategies for their care that are implemented from the beginning and not to solve things improvised⁽²⁴⁾. Chile faces the challenge of rethinking a health system that is clear, inclusive and relevant to the new communities that are arriving, so it is important to initiate this opportunity by laying the foundations for a new alliance with patients, replace the monological relationship (vertical) with the dialogical relationship (horizontal)⁽²⁵⁾, constituting empathy an important characteristic that can help in this path of care with cultural relevance. The fact that the actor guides his action significantly to the behavior of the other implies that the attention thus directed is established in a special motivational context, within which the experience of the other person is anticipated in the future perfect time as part of the actor's project⁽²³⁾.

The discrimination that affects part of the migrant population is related to the color of the skin, a different language and the fact of being culturally different⁽²⁶⁾ is a state that makes the user's migratory situation more complex, since it places a barrier even greater for easy access to public health services. So, a culturally competent nurse should have a treatment considering personal identity, since equal care for all groups in a standardized way can be seen as discrimination, so it should be replaced by one more personalized to the individual context of the user⁽²⁷⁾. In the international field, there are nursing professionals who approach health care in a positive way by mentioning the enrichment that accompanies coexistence with other cultures, empathy for the process of migrating, search for equality with a broad view of change⁽²⁸⁾. All the considerations that we are raising regarding the exercise of the nursing profession will improve the health relationship, allowing favorable results to be achieved in the therapeutic goals both at the level of care and cure.

Health is a basic human right, therefore, access to health must be guaranteed to migrants and with trained personnel in cultural competence, and thus provide comprehensive care that guarantees to care in a respectful, effective, culturally relevant way and maintaining quality standards in different cultural contexts⁽²⁹⁾. Cultural competence is not a panacea that will improve health and eliminate inequalities, but rather a repertoire of skills for health workers who wish to provide high-quality care to their patients⁽³⁰⁾, therefore, it must be installed from the student's training, as well as the practicing nurse. In addition to this, institutional support, so that human resources can have more tools, implement strategies based on the experience of caring for culturally

diverse groups and make time more flexible to promote comprehensive and culturally appropriate care⁽³¹⁾, the results of these interventions will be reflected in the satisfaction of health needs of a society inserted in a globalized and dynamic world.

■ FINAL CONSIDERATIONS

The current migration scenario in Chile has generated an environment of opportunities, but also challenges, especially in the primary care health field, where nursing professionals receive the initial health demands of the migrant population, whose vulnerability features are evident. Therefore, developing a high sense of otherness, being competent in caring for the "other migrant" is a debt that has yet to be resolved and is recognized as a flaw in the Chilean public system, since there is no adequate training to provide care that is culturally competent from an ethics of care with pertinence.

The activation of an intercultural awareness should be reflected from the undergraduate of university higher education, at the beginning of the training itinerary, therefore, it is a concern that the intercultural consideration in the curriculum of the training of health professionals in general, is minimal or null. Consequently, it is necessary to advance in reflection, dialogue and debate on the inclusion of the intercultural approach in the curricula of careers, not only in Nursing, but rather in health sciences careers, in order to provide holistic care at the different levels of benefits, in addition to the user/patient receive a dignified treatment, without discrimination and with full respect for their culture.

If since education and health an inclusive awareness of interculturality can be activated, a more just and equitable society in terms of opportunities and rights can be built, which, although it is the responsibility of all, requires an updated legal regulation framework, which defines the correct action in migrant matter. In addition to this, the responsibility that falls to each health professional to remain in constant improvement to serve our migrant population, since we have a professional obligation to care for people, not nationalities and thus move from an intercultural ethical formalism to a materialization real of intercultural values.

As we said in the paradigmatic option of this research based on Schutz's socio-phenomenology, the concern for otherness is fundamental. The systematic omission of the problem leads us to ignore that each one of the people has a different and unique biographical situation, that is: a specific way of appearing, locating, and operating in the world. The biographical trajectories of each ego express the irreducible forms of articulation between the structures of the world of life and subjective experiences. In turn, each

person (ego), biographically located in the *lebenswelt*, has a stock or body of knowledge at hand to solve situations of various kinds throughout his life.

Chile today is in a privileged position to take care of migrants, since the massive arrival of them generates the need to update migration policies. In addition, this study makes it possible to raise awareness about the skills that should be acquired to care for the migrant and contribute in Chile to one of the health objectives for the decade 2011-2020, whose goal is to reduce health inequities for the international migrant population. In the same way, worldwide the invitation in intercultural training needs to be attended, since it is a growing need in a globalized world and it must respond to this mobility of people, who, motivated by the search for better living conditions and work, they have left a culture of health in their country without having abandoned it and are inserted into a new one without having understood it, a decision that is initially individual, but which brings with it the concern of attending to the needs of a family that has remained in their country of origin.

For all the above, it results necessary to continue conducting research on the issue of care for the migrant population, actively involving nurses, as they constitute the largest contingent of human resources in health, since their performance in the context of global health, must account, for culturally relevant care.

As limitations of this study, it can be indicated that, during the development of each interview, it was difficult to coordinate their participation with the participants without affecting their working hours, since their work hours did not allow so many free spaces. However, their time availability was always respected and there were no unanswered questions, and the interviewees were cooperative throughout the process.

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