The aim of this study is to examine cultural humiliation and how it is experienced among minority health care workers from other cultures, and how cultural humiliation affects health. The overall purpose of the study is to increase the understanding of cultural humiliation as a form of humiliation of dignity. The research questions are: 1) How is cultural humiliation experienced by minority health care workers from different cultures? 2) How does cultural humiliation affect health? 3) What kind of suffering does cultural humiliation result in?

The theoretical perspective of this study is based on the caring tradition developed at Åbo Akademi University. The study has a hermeneutic approach. The design of the study is descriptive-explorative. The method is a metasummary inspired by Sandelowski and Barroso. There are 28 qualitative studies based on empirical data about cultural humiliation of minority healthcare workers included in the metasummary. The studies were included based on six criteria: time, population, result, quality, language and methodology. After the metasummary a metasynthesis was undertaken based on the categories that emerged from the metasummary. The result of the metasynthesis was in the form of a metaphor.

The result of the metasummary includes 62 categories. The categories were grouped in 18 initial clusters or themes. They were: proving competence and skill; proving themselves; support by workplace and family; meaningfulness; the care managers’ intervention and the absence of intervention; power and supervision; exclusion and invisibility; fitting in; the health care worker’s culture and host country’s culture; direct discrimination; salary, benefits and career development; indirect discrimination; handling cultural humiliation; advocating and protecting; fear of speaking out; ignorance; language; and health and feelings of guilt. The result of the metasynthesis was developed from both the categories and themes, which resulted in a metaphor – the fire. The metaphor includes several parts, where both ignorance and handling of cultural humiliation were included. Ignorance leads to continued cultural humiliation, whereas handling leads to both short-term and long-term strategies to battle cultural humiliation.

Finally a model the minority health care worker’s encounter with cultural humiliation was created to explain the cultural humiliation in relation to health and suffering. The model can be used to understand the cultural humiliation in health care practice. An axiom which includes the world and culture has been suggested.