

Perspectives of Nurse Practitioners on Health Care Needs Among Latino Children and Families in the Rural Southeastern United States: A Pilot Study

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ABSTRACT

Introduction: The purpose of this study was to explore perspectives of nurse practitioners on health care needs among Latino children and families in the rural Southeastern United States.

Method: This qualitative research used semi-structured interviews with seven nurse practitioners (NPs) practicing in the rural southeastern part of North Carolina. Flanagan's critical incident technique was used to describe the experiences of NPs providing health care for Latino children and parents.

Results: Data analysis indicates that the most commonly reported illnesses by Latino children are upper respiratory infections and asthma, followed by otitis media, obesity, anemia, pneumonia, leukemia, and tumors. Barriers to health care for

children included language and cultural differences, lack of access to care (e.g., lack of insurance, cost, and transportation), and health illiteracy/low education level of parents. The findings also suggest that Latinos are preserving their traditional health practices when treating their children's illnesses, such as through use of foods, hot/cold items, herbs, coin on "belly button," traditional juices, healing bracelets, and evil eye.

Discussion: The findings of the study imply the need to incorporate culturally sensitive care when providing care for Latino children and parents. *J Pediatr Health Care.* (2012) 26, 409-417.

KEY WORDS

Latino children, health care needs, barriers to health care, culturally sensitive care

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Latinos are the fastest growing minority group of the U.S. population (Maldonado & Farmer, 2007) and represent a significant growing segment of the U.S. rural population (Saenz, 2008). Migrant farm worker families in the United States are primarily (90%) of Latino ethnicity (Kilanowski & Trapl, 2010). The term "Latino" is used to refer to any persons whose origins can be traced to the Spanish-speaking regions of Latin America (Flores et al., 2002), while the term "Hispanic" refers to region, not race, and describes any person, regardless of race, creed, or color, whose origins are Latin American or of some other Hispanic origin (U.S. Census Bureau, 2000). According to the U.S. Census Bureau (2008), the Hispanic population is made up of primarily Latinos (91.2%); most are Mexicans (65.8%),

followed by Puerto Ricans (8.8%), Central Americans (7.6%) or South Americans (5.5%), and Cubans (3.5%). Texas, New Mexico, and North Carolina, respectively, have the largest rural Latino populations. The Latino populations in these areas are very young; approximately three in 10 Latinos in rural areas are younger than 15 years (Saenz, 2008).

Latino children in rural areas have disproportionately high rates of health problems, including active asthma, tuberculosis, intestinal parasites, chronic diarrhea, vitamin A deficiency, otitis media, delayed development, anemia, and hospitalization or death due to injuries (Flores et al., 2002; Harrison & Scarinici, 2007; Kilanowski, 2009; National Center for Farmworker Health [NCFH], 2004). For example, Latino children are almost twice as likely to be hospitalized for asthma as are White children; however, considerable differences exist among ethnic groups. Puerto Rican children have the highest prevalence rates of asthma at 20%, compared with 7% for Mexican American children (U.S. Environmental Protection Agency, 2008).

Latino children in rural areas experience negative health outcomes, reflected in lower rates of immunizations and screenings and higher rates of overweight and obesity, depression, domestic violence, phobias/fears, anxiety, refusal to attend school, and suicide, compared with African American or White children (Harrison & Scarinici, 2007; Kataoka, Xhang, & Wells, 2002; Kilanowski & Moore, 2009; National Child Traumatic Stress Network [NCTSN], 2007). However, lack of health insurance, language, environmental access to care, and cultural differences have served as barriers to health care (Ames, 2007; Butler, Kim-Godwin, & Fox, 2008; Cristancho, Garces, Peters, & Mueller, 2008; Harrison & Scarinici, 2007).

Because there is an upward trend in the growth of the Latino population along with poor health outcomes, particularly among children, it is important for nurse practitioners (NPs) to be aware of major health care barriers in order to provide culturally appropriate care to this population. Several studies have examined health care needs for Latino children in general, focusing on the Midwestern United States; however, research about Latino children specific to southeastern rural areas is limited. The purpose of the current study was to explore perspectives of NPs on health care needs among Latino children and families in the rural Southeastern United States. Rural Latinos in the Southeastern United States have some of the lowest insurance rates in the nation, compounding the problems of their being able to obtain appropriate health care (Sherrill et al., 2005).

LITERATURE REVIEW

Although a number of studies have focused on health concerns of Latinos, few of these studies have included disparities for Latino children. Health care disparities are differences in the quality of care due to race or eth-

nicity and are not related to other factors such as access or preferences (Institute of Medicine, 2003). Many health disparities among Latino children are reflected in lower rates of immunizations and vision screening, receipt of prescriptions, and receiving adequate treatment for pain, asthma, or gastroenteritis (Flores et al., 2002; NCFH, 2004).

At the same time that Latino children are experiencing disproportionately high rates of health problems, they have unique obstacles to health care, including cultural differences, language barriers, and low socioeconomic status. First, different cultural values and practices between health practitioners and Latino families serve as barriers for effective care. A lack of understanding of the Latino culture and folk remedies by health care practitioners has frequently been a deterrent for parents in seeking health care for their children (Kemp, 2005; Lassetter & Baldwin, 2004). As Latino immigrants arrive from a variety of ethnic subcultures with a mixture of religious and folk beliefs concerning health and illness, it is important for health care providers to be aware of potential barriers posed by these beliefs to the practice of Western health care system (Sherrill et al., 2005). Latino women often negotiate encounters between their family and the health practitioners of Western medicine because of cultural different differences in perspectives on health (Sherrill et al., 2005).

Although diversities exist among Latino subcultures, a fundamental value among Latinos is *confianza* (trust/confidence; Aguado Loi & McDermott, 2010; Kemp, 2005). A health care provider who is not indigenous to the culture might encounter resistance from patients if trust is not established prior to provision of care. Latino patients expect nursing care actions that are friendly, personal, and respectful (Jones, 2008). The concepts of *simpatia* (compassion) and *respeto* (respect) are also highly valued in the Latino culture (Flores et al., 2002; NCTSN, 2007). The idea of *simpatia* emphasizes courtesy and politeness, and *respeto* represents the respect of and respect for health professionals. Verbal and nonverbal communications from Hispanics usually are characterized by *respeto*, and communications to Hispanics also should be respectful, especially

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