



# Nurses in Action: A Response to Cultural Care Challenges in a Pediatric Acute Care Setting<sup>1,2,3</sup>

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Received 4 February 2015; revised 1 May 2015; accepted 3 May 2015

## Key words:

Ethnonursing research;  
Academic–Practice  
partnership;  
Appalachian;  
Hispanic;  
Family-centered care;  
Cultural competence

Culturally congruent care is satisfying, meaningful, fits with people's daily lives, and promotes their health and wellbeing. A group of staff nurses identified specific clinical challenges they faced in providing such care for Hispanic and underserved Caucasian children and families in the pediatric medical–surgical unit of an urban regional children's hospital in the southeastern U.S. To address these challenges, an academic–practice partnership was formed between a group of nurse managers and staff nurses at the children's hospital and nursing faculty and graduate students at a local, research-intensive public university. Using the culture care theory, the partners collaborated on a research study to discover knowledge that would help the nursing staff resolve the identified clinical challenges. Twelve families and 12 healthcare providers participated. Data analysis revealed five care factors that participants identified as most valuable: family, faith, communication, care integration, and meeting basic needs. These themes were used to formulate nursing actions that, when applied in daily practice, could facilitate the provision of culturally congruent care for these children and their families. The knowledge generated by this study also has implications for healthcare organizations, nursing educators, and academic–practice partnerships that seek to ensure the delivery of equitable care for all patients.

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NURSES HAVE A responsibility to provide culturally congruent care (CCC) (American Nurses Association, 2010),

<sup>1</sup> The authors gratefully acknowledge the patients, families, and providers who participated in this study and the funding provided by the Office of Research and Engagement–Academic Outreach at the University of Tennessee–Knoxville, and the Nursing Administration of East Tennessee Children's Hospital.

<sup>2</sup> Findings documented in this manuscript were presented in October 2014 at the 40th Annual Conference of the (International) Transcultural Nursing Society in Charleston, SC.

<sup>3</sup> Conflicts of Interest: None.

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which is care that is satisfying and meaningful, fits with people's daily lives, and promotes their health and wellbeing. Caregivers can provide such care only when they are aware of the culture care needs of the people they serve (Leininger, 2006a). Despite the increase in ethnic and cultural diversity of the U.S. population, little is known about the culture care needs of Hispanic and underserved Caucasian children and the families in the hospital setting.

A group of staff nurses, grounded in the philosophy of patient- and family-centered care (PFCC), identified specific clinical challenges they faced in the pediatric medical–surgical unit of an urban regional children's hospital (hereafter referred

to as the *children's hospital*). Based on the nursing vision and professional practice model used by the children's hospital, these nurses reported that they were not optimally affecting the health of the Hispanic and underserved Caucasian children and families and that some families had expressed dissatisfaction with their care. Challenges included meeting care needs of Hispanic children and families despite language and cultural differences. Nurses also wanted to improve care for *underserved Caucasian children and families*, a term that, for this study, refers to those coming from financially and/or educationally challenged circumstances. To address these challenges, an academic–practice partnership was formed between a group of nurse managers and staff nurses at the children's hospital and nursing faculty and graduate students at a local, research-intensive public university (Mixer et al., 2012). Focusing on cultural competence, including self-awareness of biases, the partners collaborated on a research study to discover knowledge that would help the nursing staff provide culturally competent care for the target population, thereby resolving the identified clinical challenge.

### Geographic Context

The geographic context of this study was comprised of the 41 counties served by a children's hospital in the Appalachian region including urban and rural portions of East Tennessee, Kentucky, and Virginia. The [Health Resources and Services Administration \(HRSA\)](#) has designated most of these counties as being medically underserved and having a shortage of health professionals, reflecting the vulnerability of these residents (HRSA). The [U.S. Census Bureau \(2010\)](#) reported that the percentage of these county residents living below the federal poverty level ranges from 10.5% to 37.3%, compared to 15.8% for the state of Tennessee and 13% for the nation. The range of adults in these counties with a high school education (including equivalency) was 62.3% to 86.8%, which at the lower range is 18 percentage points below state and national averages (U.S. Census Bureau, 2010). The population identifying as White (71–89%) is the largest demographic group by race in the children's hospital catchment area (U.S. Census Bureau, 2010). Finally, the [U.S. Census Bureau \(2010\)](#) reported the percentage of Hispanics in the 41 counties (0.6%–10.7%) that indicates that some counties have larger Hispanic populations than state averages for this region (2.7%–7.9%). Interestingly, the Hispanic population, which is growing in this region, is smaller than the national average of 16.3%.

### Literature

A review of literature revealed little research on the culture care needs of Hispanic and underserved Caucasian children and families' in the hospital setting. In addition, few articles addressed children's culture care needs. Those found examined low birth weight in African American and White infants (Collins, Wambach, David, & Rankin, 2009), asthma management (Wallace, Scott, Klinnert, & Anderson, 2004), immigrant

Hispanic women's navigation of a new health care system (Sanchez-Birkhead, Kennedy, Callister, & Miyamoto, 2010), disparity in acceptance and teaching of Hispanic women's infant feeding practices (National Association of Hispanic Nurses, 2013), and health barriers for the children of Latino day laborers (Hofwegen & Killion, 2011).

Research literature described the effect of cumulative stress on outcomes in culturally diverse families. In several studies of immigrant Hispanics, acculturation and successive generations in the U.S. were linked with cumulative stress, poorer outcomes (Ruiz, Stowe, Brown, & Wommack, 2012; Viruell-Fuentes & Schulz, 2009), and varied patterns of family ties between countries (Smith-Morris, Morales-Campos, Alvarez, & Turner, 2013). Similarly, Appalachians living in poverty with cumulative stress were found to experience poorer health outcomes including chronic disease (Barker et al., 2010; Paskett et al., 2011). Conversely, a study of Hispanic, African American, and White families found that despite cumulative disadvantages, mothers demonstrated a strong desire to protect and advocate for their children (Arditti, Burton, & Neeves-Botelho, 2010). Furthermore, in a longitudinal study of White and Black teen mothers from diverse socioeconomic statuses, researchers found that mothers raised with more advantages had better social and economic outcomes over time than those from underserved backgrounds (SmithBattle, 2007).

Numerous studies support family and religion and are vital in preserving the health of Appalachians and Hispanics (Coyne, Demian-Popescu, & Friend, 2006; Denham, Meyer, Toborg, & Mande, 2004; Diddle & Denham, 2010; Faraz, 2010). In a study of Latina mothers with children with Down's Syndrome, communication challenges were found to impede honoring their religious beliefs that could facilitate coping. Authors suggested the importance of accurate translation in supporting these families (Sheets, Baty, Vázquez, Carey, & Hobson, 2012).

The majority of these studies were conducted in community rather than acute care settings. Examined collectively, the literature describes the effect poverty, limited education, race/ethnicity, communication barriers, and poor health have on Hispanic and underserved Caucasian children and families. Conducting research to elucidate the culture care needs of this population in the hospital setting is an essential step in the quest to provide professional nursing care that contributes to their health and wellbeing (Leininger, 2006a).

### Theoretical Framework and Methodology

The culture care theory (CCT) and ethn nursing research method provide a holistic and comprehensive way to learn how to provide CCC for patients and families (Leininger, 2006a). Derived from ethnography, ethn nursing is a naturalistic, open discovery method used to systematically understand and interpret people's meanings, experiences, and lifeways: what people do and how they are in the world

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