



NURSING CARE

The migratory factor as a determinant of health: A transcultural occupational health nursing intervention[☆]



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Abstract We present a clinical case in occupational health nursing where the worker was showing symptoms of stress caused by a change of residence and related factors at work. A nursing assessment was made following Leininger's theory of Care Diversity and Universality and Sunrise Model, considered suitable for the case. After the assessment, it was determined that the factors associated with the migratory event triggered the reported symptoms, and a care plan was drawn up with monthly telephone contact follow-up and reassessment at 3 months. A holistic approach containing social and cultural elements, together with the use of standardised nurse language are very useful in cases such as the one presented.

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PALABRAS CLAVE

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El factor migratorio como determinante de salud: una intervención transcultural desde la Enfermería del Trabajo

Resumen Se presenta un caso clínico de Enfermería del Trabajo en el que la trabajadora manifiesta una sintomatología derivada del estrés generado por el cambio de residencia, además del conjunto de los factores relacionados con este hecho provocados por motivos laborales. Dada la adecuación de la teoría de la diversidad y de la universalidad de los cuidados de Leininger respecto al caso, la valoración de enfermería se realiza siguiendo su modelo del sol naciente

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(*modelo Sunrise*). Tras la valoración, se determina que los factores asociados al hecho migratorio son el desencadenante de los síntomas referidos, y se elabora un plan de cuidados con seguimiento por contacto telefónico mensual y nueva evaluación a los 3 meses. El abordaje desde una perspectiva holística contenedora de elementos sociales y culturales junto a la utilización de un lenguaje estandarizado enfermero resultan ser de gran importancia en casos como el presentado.

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Introduction

The emigration of Spaniards, with the United Kingdom as the destination in 61% of cases, has led to changes in the migratory dynamics of the country.¹

Changes in daily habits combined with the migratory experience may lead to symptoms of anxiety or depression,² together with psychosomatic disorders.³ An increase in stress levels is in fact the most common consequence and may be pathological if not properly managed.⁴ This is when migratory stress appears⁵⁻⁸ with presentation of several of its symptoms, such as digestive disorders (the reason for consulting primary care in 9% of cases) and headaches (12%).⁹

Occupational health nurses should consider the sociocultural factors which impact on the health of the working population, to establish a care plan adapted to a changing reality and thereby leading to correct monitoring of health. This would occur not just from carrying out health examinations but from identifying problems which require action making use of nursing language. From this perspective we present a specific clinical case using the theory of diversity and universality of cultural care as a framework.¹⁰ If we consider the patient's world view – including social structure and environmental experience – we may be able to identify the individual care required by them in view of the changes they are experiencing.

J.V., aged 38, went to the Health Care Department of the Preventative Healthcare Service of their company to have a health check-up, as required periodically (with assessment of risks in the workplace). Following an examination by nurses, with included biometry (weight, height and abdominal perimeter), blood pressure (BP), heart rate, audiometry, spirometry, sight test, electrocardiogram and the collection of biological samples, it became evident that the person's body mass index had decreased from 25 to 17 in the previous year. Her eating habits consisted of 2 scant meals per day. In the last 2 months she had only menstruated once and had noticed brittleness in her hair. At the interview, J.V. told then nurse that "since my company has forced me to change my residence (she was currently living in the United Kingdom) I've lost my appetite. . . what with the hours that I cannot get used to and what it means to me to live far away from the affection and support of my family and friends, I don't feel like eating, I have digestive discomfort and I am always weary". She walked to work every day but her physical activity was low since she did not have time to take up a sport or to go out and meet other people.

Development

To develop a care plan, a complete assessment by a nurse using a standardised system of data collection was required. This enabled the detection of any problems which required working on to restore J.V.'s health.

Initial physical assessment

Medical diagnosis: involuntary weight loss.

Reason for consultation: periodical occupational health check-up

a) Employment history:

Current position: civil engineer (national occupation code: 2051). Length of time in position: 8 years and 2 months (permanency).

Occupational risks: driving vehicles, visual-sight demands, video terminals, repetitive movements and sedentary work.

b) Examination using instruments:

Anthropometry and constants: weight 50.1 kg; height: 171 cm; body mass index: 17.1 kg/m²; abdominal perimeter: 69 cm; systolic BP: 95 mm/Hg; diastolic BP: 60 mm/Hg; heart rate: 72 ppm.

Additional tests: electrocardiogram, forced spirometer, sight test and audiometry with previous otoscopy: within normal parameters.

c) Physical examination: ranges of normality in pulmonary and cardiac auscultation (without presence of blowing), vascular examination, central neurological and peripheral examination, mobility of spine and limbs, soft and depressible abdomen, muscle palpation and non-painful joints. Mild dysmetry of hips.

d) Anamnesis:

Family history of type II diabetes mellitus (maternal grandmother); essential nonspecific high blood pressure (mother and grandparents).

Personal history: operated on for endometriosis, iron-deficiency anaemia and myopia/astigmatism.

Allergies: non-known.

Medication: 5 mg of diazepam orally 1/day; 3 mg/0.03 mg of oral Yasmin.

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