

Caring for the Poor: Analysis of Nurses' Attitudes Toward Patients from the Culture of Poverty



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Background

- Quality health care in the United States is related to income.
- In the United States, 43.1 millions or 15.9% of the population live in poverty (U.S. Census Bureau, 2016).
- People from the culture of poverty are challenged when accessing health care.
- Once in the system, the attitudes of nurses caring for patients can affect return to the health care system and health outcomes.

Purpose

The purpose of this project is to assess the attitudes of nurses toward patients from the culture of poverty and to provide an educational intervention about poverty that may reduce bias.



Proposed Project

PICOT clinical questions:

What are the attitudes of registered nurses toward patients from the culture of poverty?
How does an educational intervention change those attitudes?

Problem Statement:

The purpose of this project is to assess the attitudes of nurses toward patients from the culture of poverty and provide them an educational intervention about poverty to bring positive change in those attitudes.
In the United States, 43.1 million or 15.9% of the population lived in poverty (U.S. Census Bureau, 2016). It is important that nurses are aware of and understand their attitudes and biases toward poverty so they can positively affect delivery of care and outcomes for poverty patients.

Setting and Method

Setting and Sample

- 150 bed rural community hospital in Missouri
- 25 registered nurses

Method

- Quasi-experimental, cross-sectional pre/post survey design

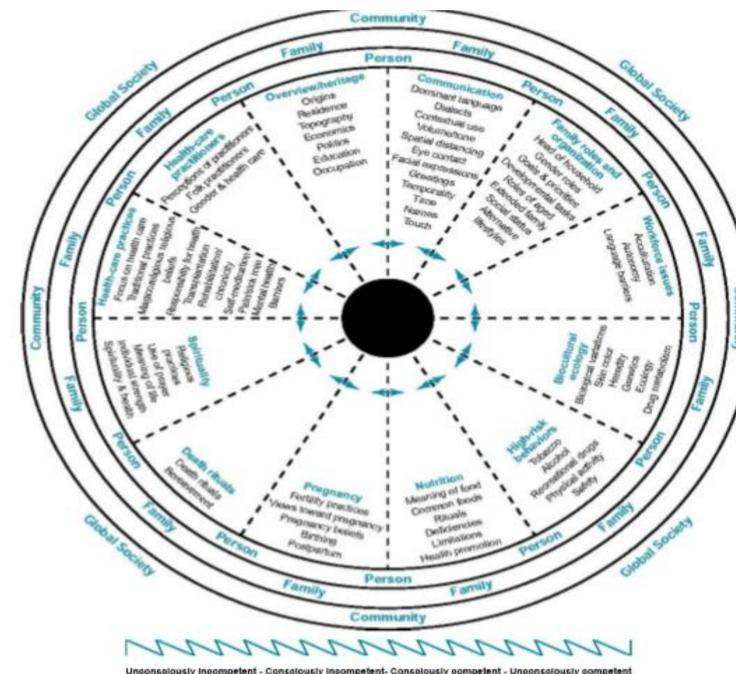
Instrument

- Attitudes Toward Poverty Scale - Short Form (Yun & Weaver, 2010)

Educational Intervention

- Power point presentation: Caring for the Poor: Understanding and Advocating for Patients from the Culture of Poverty

Theoretical Framework – Purnell Model of Cultural Competency



Implications for Practice

Nurses cognizant of their own belief systems and bias provide patients with individualized culture based care.
Understanding the culture of poverty allows nurses to intervene appropriately when judgmental comments are made by staff about patients.
Improved decision-making and health outcomes may occur when nurses build relationships of mutual respect with patients from the culture of poverty.