An Ethnonursing Study Exploring the Culturally Congruent Care Needs of Spanish Speaking Parents, Who Speak Little to No English, Whose Children Were Hospitalized

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Background/Significance

- **Limited English Proficiency (LEP):**
  - Defined as limited ability to read, speak, write, or understand English (LEP.gov, n.d.)
  - Self-reported
  - Categorized as very well, well, not well, or not at all (Gambino et al., 2014; Ryan 2013)
Background/Significance

- Spanish speaking households
  - Largest group of “other” language speaking households: 13.2% compared to 3.7% Indo-European (US Census Bureau, 2020)
  - Persons of Mexican origin comprise the largest Latino group with LEP (Gambino et al., 2014)
Why care about LEP?

- At risk for health and healthcare disparities
  - Limited access to care
  - Serious medical events
  - Increased length of stay
  - Increased costs

(Agency for Healthcare Research and Quality, 2012; Children’s Health Fund, 2016, Cohen, Rivara, Marcuse, McPhillips, & Davis, 2005; Lion et al., 2013)
Why care about LEP?

- Associated with social determinants of health
  - Lack of education
  - Lower income

(Bean, Brown, & Bachmeier, 2015; Office of Disease Prevention and Health Promotion, n. d.)
Parents experienced communication challenges when a language mismatch existed with the care provider.

Parents experienced positive and negative feelings related to care of their hospitalized child.

LEP was associated with differences in care and child health outcomes.

Only three studies addressed nursing care of hospitalized children of Spanish speaking parents with LEP.

(Stephen & Zoucha, 2020)
What was missing? Where was the gap?

Perspectives of Spanish speaking parents with LEP in the context of culture
Domain of Inquiry

- Understand the values, beliefs, and experiences of Spanish speaking parents with LEP, of Mexican origin, whose children are hospitalized in order to inform nursing practice, research, and policy.
Research Question

• What are the cultural values, experiences, and beliefs of Spanish speaking parents of Mexican origin with LEP whose children are hospitalized?

Research Question

• What are their cultural care needs?

Research Question

• What are the parents’ beliefs regarding the nurse’s role in promoting culturally congruent care?
Design

- Qualitative
- Theoretical Framework: Leininger’s Culture Care Theory
- Ethnonursing Method
Leininger’s Sunrise Enabler to Discover Culture Care

CULTURE CARE

Worldview
Cultural & Social Structure Dimensions

Cultural Values, Beliefs, & Liteways
Biological Factors

Kinship & Social Factors
Environmental Context, Language & Ethnohistory
Political & Legal Factors

Religious, Spiritual, & Philosophical Factors
Economic Factors

Technological Factors
Educational Factors

Influences
Care Expressions, Patterns, & Practices

Holistic Health, Wellbeing, Disability, Illness, Dying, and Death

Focus: Individuals, Families, Groups, Communities, or Institutions in Diverse Health Contexts of

Generic (Folk) Care
Integrative Care Practices
Professional Care–Cure Practices

Three Modes of Care Decisions & Actions

Culture Care Preservation and/or Maintenance
Culture Care Accommodation and/or Negotiation
Culture Care Repatterning and/or Restructuring

Code: ↔ (Influencers)
Culturally Congruent Care for Holistic Health, Wellbeing, Disability, Illness, Dying, and Death

Method

■ Setting
■ Recruitment – Gatekeepers
■ Informants
  o Inclusion:
    ▪ Parent/guardian age 18 or older
    ▪ Child hospitalized in the past 2 years in the United States
    ▪ Child’s age at hospitalization age 8 or younger
    ▪ Speak little to no English
    ▪ Mexican origin
  o Exclusion:
    ▪ Child hospitalized for non-accidental trauma
Data Collection/Analysis

Face to Face Interviews

- Collects and codes
- Categories (15)
- Patterns (7)
- Themes (3)

Leininger’s Phases of Ethnonursing Data Analysis Enabler for Qualitative Data

(McFarland & Wehbe-Alamah, 2018)
## Results – Demographic

<table>
<thead>
<tr>
<th>Category</th>
<th>Details</th>
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| Informants            | • 10 mothers  
                          • 1 father                                                              |
| Occupation            | • Home = 8  
                          • Construction = 2  
                          • Industry = 1                                                        |
| Age                   | • 25-45 years (µ = 35.6)                                                |
| Marital status        | • Married = 8                                                           |
| English Proficiency   | • not well = 9  
                          • not at all = 2                                                        |
| Religion              | • Catholic/Christian = 9  
                          • None = 2                                                              |
| Education             | • High school = 5  
                          • Range middle school to graduate                                      |
| Child hospitalization | • Newborn to 8 yrs of age  
                          • 1-20 times                                                            |
Themes

Role of mother as an ever-present manager of care for hospitalized child and family

Parent’s difficult, fearful, stressful and unknowing experiences in the presence of a language barrier

Expected nursing care that was kind, respectful, compassionate, and attentive
Role of mother as an ever-present manager of care for hospitalized child and family

“They did, though, ask me if I needed to rest, and they would tell me that they would watch over the baby, but I know that, as a mom, I’m protective, and so I tried to stay there most of the time and I only went out for food once.”
Theme 1

Role of mother as an ever-present manager of care for hospitalized child and family

“Sometimes it’s complicated because I have to leave the child of 10 months old with others, and the other children ask for me. The older ones understand that the little girl needs more attention, but they all need their mom. But I know that only a few days and then I’ll be home soon and all will be well.”
Role of mother as an ever-present manager of care for hospitalized child and family

“She cries a lot. I have to be there. She cries a lot when someone other than me gives her meds. I help suction her mouth... In the night, several times they’ll come to see her but I move her. I’m watching her and her food. I’m the one who watches her completely in the night.”
Role of mother as an ever-present manager of care for hospitalized child and family

“To me it’s (faith) very important. I told God that my daughter was in His hands and – And prayed to be His will.”

“One time, she was very sick. She was about six or seven months, and I was with the Father to baptize her at the hospital.”
Theme 1

Role of mother as an ever-present manager of care for hospitalized child and family

“So the nurses would come in, and they would come in to see the child’s care, and when they were there, I would ask to see what plans were for the day, like the routine.”
<table>
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<th>Theme 2</th>
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<td>Parent’s difficult, fearful, stressful and unknowing experiences in</td>
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<tr>
<td>the presence of a language barrier</td>
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“It was really complicated for me whenever I saw something I didn’t understand or comprehend what was going on. And having to wait for somebody to come and interpret or explain things to me in my language.”
### Theme 2

Parent’s difficult, fearful, stressful and unknowing experiences in the presence of a language barrier

“So they were there and they cared for him good. They gave me all the information about the baby, what was happening. And they helped. And I think it was good.”
Expected nursing care that was kind, respectful, compassionate, and attentive

“And so the nurses they were really kind and would say that it was my decision, and – at the time they were giving him Tylenol. So it was my decision if I wanted for them to give him more Tylenol, he could be more relaxed. And that’s what I like. It’s that they came whenever the baby would cry. And they also came over to see if I needed something, if I was okay with what procedures they were doing for the baby.”
**Theme 3**

Expected nursing care that was kind, respectful, compassionate, and attentive

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<tr>
<th>I see that they give her—take attention of (daughter’s name). They talk to her. They touch her face. They talk to her. They ask her how she feels. They’re kind.</th>
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| Letting me know, keeping me aware of everything she has and what’s going to happen to her. Keeping me abreast of everything happening to her. And before leaving the room, they ask me if I need anything. |
Discussion

- Informant demographics similar to national demographics on education level, occupation, and religion (US Census Bureau, 2019; Livingston, 2014; Donoso, 2014).

- First study to identify Spanish speaking mothers with LEP of Mexican origin as managers of care with strong commitment to child’s needs and well-being.

- Communication in the parent’s language facilitated parents’ knowledge, understanding, participation, and decision-making.
Discussion

- Negative emotions experienced by mothers with LEP reflected prior studies (Santos Malavé et al., 2019; Zurca et al., 2017; Miquel-Verges et al., 2011).

- Although parents experienced negative emotions, they described care as good.

- Parents in this study perceived and experienced care challenges but believed physical care was not lacking, which mirrors that of pediatric nurses caring for children of parents with LEP. (Stephen, 2021)
Implications for Research, Education, and Policy

Culture Care Theory Decision and Action Modes

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<th>Preservation/Maintenance</th>
<th>Accommodation/Negotiation</th>
<th>Repatterning/Restructuring</th>
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<td>Support role of mother</td>
<td>Inform parents of language rights</td>
<td>Improve processes for easy access and use of language services</td>
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<tr>
<td>Support mother physically, spiritually, and emotionally</td>
<td>Empower parent initiation and access of language services</td>
<td>Create processes that facilitate nurse-parent communication</td>
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(McFarland & Wehbe-Alamah, 2018)
Limitations

- COVID restrictions
- Recruitment challenges
- Sample of mostly mothers
Conclusions

- Mothers of Mexican origin with LEP:
  - attend to their child’s physical, emotional, and spiritual needs during hospitalization
  - may experience negative emotions and lack information and understanding but perceive their child’s care as good.
Conclusions

- To provide culturally congruent care nurses must:
  - attend to parents’ emotional and physical needs,
  - promote the role of mother,
  - and utilize language services to bridge the communication and knowledge gap.
References


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Photos courtesy of Elizabeth Jiménez, Daniel Mendez, and Mariana Hernandez