Respecting Cultural Preferences in the Delivery of Healthcare to Ethiopian Immigrants: An Interprofessional Approach

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Learner Objectives

• Describe the background of Ethiopian immigration to the U.S.
• Understand the culture care beliefs and practices of Ethiopian immigrants
• Recognize interprofessional healthcare implications

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Introduction

• Health disparities affecting immigrant populations
  o Language differences
  o Cultural preferences and traditions
  o Complexity of U.S. health care system
  o Disease prevalence, morbidity and mortality
  o Omission of health care professionals to view cultural differences as important
• Ethiopians
  o 2nd largest African immigrant group in U.S. (Gambino, Trevelyan, & Fitzwater, 2014)
  o History of traditional healing and folk medicine
  o Little research available

• Purposes of the study
  o To identify and describe the culture care beliefs and practices of Ethiopian immigrants living in the mid-Atlantic region of the U.S.
  o To advance the science of transcultural nursing
Background

• Federal Democratic Republic of Ethiopia
  - 10th largest country; 2nd most populous (Ethiopia Population, 2017)

• Population: >102 million (World Bank, 2017)
  - 80% live in rural areas

• Languages
  - Amharic (official); Oromo; Tigrinya; > 80 other languages and dialects

• Major religions
  - Orthodox Christian (44%), Muslim (34%), Protestant (19%), Catholic (1%) (CIA, 2017)
Healthcare in Ethiopia

- Tradition of folk medicine; medico-religious (Bekele, 2007; Bishaw, 1991)
- Hospitals located in major urban centers
  - 0.2 hospital beds per 1000 people
  - 1 physician per 32,000 people (Defaye et al., 2015)
- Local healthcare clinics
- Poor transportation infrastructure limits access
- Cost
- The nurse is the backbone of the healthcare system
Immigration to U.S.

- Prior to 1974 Ethiopian Revolution: as businessmen, government officials, and students.
- 1975-1980s: as political asylees escaping the Communist Derg Regime (Red Terror) and refugees from famine and drought.
- 1990s-2000s: as victims of political violence and social upheaval.
- Most recently: with permanent residency status after winning the Diversity Visa (DV) Lottery established by the U.S. Immigration Act (Getahun, 2007; Terrazas, 2007).
Methodology

• Theoretical framework
  o Leininger’s Theory of Culture Care Diversity and Universality (Leininger, 1997)

• Research Question #1
  o What are the culture care beliefs and practices of Ethiopian immigrants living in the mid-Atlantic region of the U.S.?

• Research Question #2
  o What culture care practices and/or beliefs have been retained and abandoned following immigration?
Methodology, cont.

- **Study design**
  - Qualitative ethnonursing research method

- **Data collection through**
  - Leininger’s Sunrise Enabler (Leininger, 1997)
  - Face-to-face recorded interviews
  - Field notes; journaling
  - Participant observation
<table>
<thead>
<tr>
<th>Age in Years</th>
<th>Gender</th>
<th>Place of Birth</th>
<th>Ethnic Group</th>
<th>Time in U.S.</th>
<th>Religion</th>
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<tbody>
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Place of Birth of Participants

Map of Ethiopia showing the place of birth of participants.
<table>
<thead>
<tr>
<th>Themes</th>
<th>Patterns</th>
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</table>
| 1. Preserving cultural heritage is vital to sense of self and community | a. Needing to retain cultural identity and traditional values  
b. Helping others in the community  
c. Maintaining diet and food preferences |
| 2. Support of family and friends is important to health maintenance and health care | a. Maintaining networks of support  
b. Joint decision-making by spouses  
c. Treating people with respect |
| 3. Religion and prayer are central to a healthy life | a. Trusting in God to keep healthy  
b. The church providing a feeling of community, education, and support |
| 4. Freedom provides opportunity | a. Valuing education  
b. Self-sacrificing for a better life |
| 5. Culture care and therapeutic communication by the nurse is essential to the patient’s sense of well-being | a. Nurses showing concern for the patient’s well-being  
b. Respecting nurses’ knowledge  
c. Medical technology is beneficial  
d. Lack of translators and interpreters is limiting access to care |
Interprofessional Implications

Theme 1: Preserving cultural heritage is vital to sense of self and community

- Address patients in a respectful manner; use “preferred” name
- Maintain cultural dietary restrictions
  - No pork or pork-based products
- Ask about dietary practices
  - Potential interactions between herbs, over-the-counter medications, prescription medications
  - Spicy foods
Interprofessional Implications, cont.

Theme 2: Support of family and friends is important to health maintenance and health care

- Permit liberal in-patient visiting
- Allow “help” with care
- Plan non-life-threatening medical decisions when a co-decision maker can be present
- Spokesperson: ask about patient notification regarding serious/end-of-life health care information
Interprofessional Implications, cont.

Theme 3: Religion and prayer are central to a healthy life

• Visits from religious community; clergy
• Encourage internal locus of control
  o Educate about importance of health maintenance, preventive care, health screenings
Interprofessional Implications, cont.

Theme 4: Freedom provides opportunity

- Advocate for health-related material in major Ethiopian languages
- Respect time: multiple jobs, school, and responsibilities
Interprofessional Implications, cont.

Theme 5: Culture care and therapeutic communication by the nurse is essential to the patient’s sense of well-being
- Spend time, explain procedures, what to expect
- Ask about traditions and cultural preferences
- Listen to understand
- Be attentive to needs; “partner in care”
- Technology is good
- Choice – may not indicate caring
- Advocate for comprehensive translator and interpreter services at in-patient and out-patient health care facilities
Interprofessional Implications, cont.

• Education in U.S. – health professions
  o Teaching cultural awareness begins with foundational courses in all healthcare disciplines
  o Performing cultural assessment
  o Contacting/working with interpreters
  o Understanding cultural meaning of health and illness
Conclusion

• Acculturated to western lifestyle
  o Health care, technology, economics, and education in the U.S. seen as beneficial
  o Still maintain culturally-based health care beliefs and treatment options

• Culturally acceptable practices
  o Improve patient satisfaction
  o Enhance compliance with treatment options
  o Improve access to care within complex U.S. health care system
References


