

12-2012

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Bailey, Erin E., "Living in Harmony: Health Perspectives of Hispanics in Rural East Tennessee." (2012). *Undergraduate Honors Theses*. Paper 141. <http://dc.etsu.edu/honors/141>

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Living in Harmony: Health Perspectives of Hispanics in Rural East Tennessee

Thesis submitted in partial fulfillment of Honors

By

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Midway Honors Program

Nursing Honors-in-Discipline Program

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December 12, 2012

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Abstract

The purpose is to promote culturally competent care among healthcare providers by identifying and describing how Hispanics in East Tennessee view health and what they do to prevent illness. A focus group of six to ten Hispanics of mixed genders over age eighteen moderated by a native Spanish-speaking interpreter. Questions explored how Hispanics define health and sickness, health maintenance practices, and alternative medicines and practices. Results were interpreted from Spanish to English to be analyzed. The Circle in Which You Live was described by members as consisting of relationships, physical health, and peace of the mind and soul. In Shutting Themselves in Their Stress, group members described Hispanic women specifically as experiencing stress most often. Members explored how the mind attracts illness, types of pain, and nonpharmacological remedies in The Problems Do Not End. Stress is a major concern for health. Hispanics have a very holistic view of health. Pain relief methods mentioned by participants include distraction, bags of ice, and relaxation. Healthcare providers need to take time to ask about specific stressors in patient's lives, collaborate with the patient, and explore ways to decrease and manage stress in a culturally sensitive manner.

Key Words: Hispanic, rural Hispanic, East Tennessee, health, health perceptions, Hispanic health perceptions

Introduction

Healthcare workers have a responsibility to protect and improve patients' health status. However, this responsibility can be a challenge, especially in the United States, because of the wide variety of ethnic populations. Health perceptions differ among cultures and if healthcare providers are truly concerned about our clients' health, we should commit to developing an understanding of how other cultures regard health.

The largest minority group in America is Latinos (Furman et al., 2009). The percentage of Hispanics in the United States in 2012 was estimated at 16.7% according to the U.S. Census Bureau. Though many countries' citizens fall under the Latino label, the greater numbers in the U.S. are Mexican (Furman et al., 2009). "Hispanic" is the broad term for peoples of Mexican, Puerto Rican, Cuban, Guatemalan, Nicaraguan, and other Central American countries (U.S. Census Bureau, 2000).

Hispanic immigrants are among the fastest growing culture group, with the Mexican sub-group composing the majority of Hispanic peoples. In 2004, Mexicans comprised the majority (66%) of immigrants to the United States (U.S. Department of Health and Human Services, 2009).

Cultural awareness strengthens the relationship between healthcare provider and patient and outcomes of treatment by facilitating better exchange of information and proper services, improving collective comprehension, and strengthening sensitivity of ill families (Da Silva, 1984).

Purpose

Latin American beliefs are not clearly understood by healthcare providers in Western healthcare (Latham & Calvillo, 2007) making it imperative for healthcare providers to understand these beliefs to treat Hispanic patients effectively. The purpose of this study is to promote culturally competent care among healthcare providers by identifying and describing how Hispanics in Appalachia view health and what they do to prevent illness using qualitative methods.

Problem

Rural East Tennessee is a traditionally non-Hispanic region. Healthcare providers in this region are unfamiliar with the language and culture of Hispanics as well as health perceptions. Most research regarding this topic has been conducted in traditionally Hispanic regions and subgroup differences can exist (Smiley et. al, 2000). Without research to establish this foundational knowledge, we lack understanding of this group's health perceptions among Hispanics in rural East Tennessee because we can only make assumptions based on research done in vastly different regions.

Significance

The significance of this study is to provide a beginning understanding of health perceptions among Hispanics in rural East Tennessee in order to better understand and care for this specific population. Qualitative methods have not often been used to elicit physical health perceptions from Hispanics. Since quantitative studies may yield more peripheral results and are not able to elicit details from the participants, the importance of qualitative studies in disclosing and communicating cultural perceptions of health cannot be exaggerated.

Literature Review

“Nurses must appreciate the role that culture plays in the lives of their clients and prepare themselves to recognize and respond to these differences” (Lee, Anderson, & Hill, 2006). This study found that educating nurses on Hispanic cultural issues such as beliefs and practices better prepares them to provide culturally competent nursing care.

Women, especially those who are married, tend to sacrifice their own health for that of their family (Higgins & Learn, 1999). Strong associations were found in a study conducted by Smiley et. al (2000) showing that Hispanic females believe in powerful others, such as their doctor or God, to take care of

them during the early diagnosis stage of illness. Machismo, a cultural concept related to Hispanic males, can be directly related to health.

Machismo, or, manliness, is what drives men to be providers for their family (Sobralnske, 2006). If men are not in good health, they are unable to work and care for their family. A study conducted by Juarez (1998) addressed the influence of culture on pain and included ideas such as not complaining of pain, consulting a family medicine woman, prayer and belief in God, and seeking treatment from a curandero (a folk-healer who focuses on herbal remedies, prayer, massaging, and candles).

Folk remedies, such as those used by curanderos, are used because they are convenient and less expensive than western medicines, generations of use have proven them reliable, and the overall nurturance provided by the application of these remedies often overshadows the general effectiveness (Davis, 1997). Using cultural or family practices and non-prescription medications prior to seeing a healthcare provider were findings reported by Hispanics in a study conducted by Butler, Kim-Godwin & Fox (2008).

Design and Method

This study explores three questions: How do Hispanics in Appalachia define health and sickness? What are Hispanic's health maintenance practices? What are alternative medicines and practices used by Hispanics in rural East Tennessee?

The data gathered for this study was derived from a focus group which was part of a larger study at a university in East Tennessee. The focus group consisted of six to ten Hispanics of both genders ages eighteen and older, with most of the time taken up by the larger study. IRB approval was obtained. The focus group took place in a room of a local cultural center with a semi-guided interview format and a native Spanish-speaking interpreter.

Questions were developed by the researchers to assess the participants' beliefs about health. The questions were then translated from English to Spanish using a native-Spanish speaking bilingual interpreter. The questions were then administered in a semi-guided interview in the participants' native language to the participants via a native Spanish-speaking interpreter. The following four questions guided the focus group: What does it mean to be healthy? What is it to be sick? Why do you believe that people in your family get sick? When you are sick, what do you take or what do you do to fix this? The interview was recorded in Spanish and translated from Spanish to English using native-speaking Spanish bilingual interpreters.

Findings

The interview transcriptions were written in Spanish using the recording from the focus group, which was in Spanish, then translated to English. The transcripts were reviewed by the researchers for equivalency. The interview transcriptions in English were then analyzed by the researchers and elucidated using narrative summary analysis. Common themes were discovered and gathered into three groups as The Circle in Which You Live, Shutting Themselves in Their Stress, and The Problems Do Not End. Each group is described in detail using quotes from members of the focus group and the perspective of the authors to illustrate the dimensions of each theme.

“The Circle in Which You Live”

According to the focus group members, the circle in which one lives was described as consisting of relationships, physical health, and peace of the soul and mind. They stated that relationships include those with one's partner and children and are reflected by the means to support a family: “...not hav[ing] problems, hav[ing] a stable job, the children are well, and that in the circle in which you live there is nothing that stresses you out.”

Having a healthy body is another aspect of the circle in which one lives. Focus group members agreed that one achieves this by eating healthy foods, not being stressed, and having a body that is fully

functional. Eating a “healthy diet, that nourishes us, that benefits us” are factors identified by individuals in the group. Stress is a contributor to other health problems. Getting a good report from the doctor regarding a checkup is a sign that one’s body is fully functional. The focus group recognized the absence of serious problems that “do not have a cure” and the absence of pain are two other indicators that one’s body is in good health.

Though spirituality was not expounded on, peace of the soul was referenced as an important part of health by the focus group. Mental peace was described in greater detail. One group member stated that having good health meant “hav[ing] peace of mind, because for example when one has stress, many health problems come from that as well.” “Worry”, “angst”, and “depression” were words used to describe sickness. Other ailments branch from stress. Since stress is the root making one vulnerable to other illnesses, the absence of such is a sign that things are well in one’s circle; “...when one has stress, many health problems come from that”.

“Shutting Themselves in Their Stress”

Group members described Hispanic women specifically as experiencing stress most often. This insightful observation by a male in the focus group is based on the fact stated by the member that the men go to work and the children go to school, but the women are the ones who do not socialize regularly. This social isolation occurs away from the home country where extended family and friends typically live nearby or in the same living quarters. In this traditional way of living, women are able to share the responsibility of watching the children to run errands and visit with others because of the tight-knit community.

Focus group members identified another contributing factor to this stress as the fact that the women do not have a way to distract themselves. They agreed that this intense focus on their family enables them to “keep thinking about everything,” which in turn attracts illness. One of the focus group members stated that “...when one has stress, many health problems come from that as well.”

Several women admitted to “[not] tak[ing] care of myself.” Children play a central role in Hispanic families, a fact that was echoed many times by a variety of participants in the focus group. One recurring theme was “to see our children, that they are well.” When children are sick, one must sacrifice one’s own health for the sake of the child “...tak[ing] care of the children through the night...[not] sleep[ing]...is the cause of...stress” says one individual. “Peace of mind” is a characteristic of health mentioned in the focus group, but when one is “thinking and thinking, being concerned about my children, wanting to know how they are doing at school”, one is vulnerable to getting sick or stressed.

“The Problems Do Not End”

The individuals in the focus group had a variety of examples of what it means to be sick. Several individuals spoke of the “mind attract[ing]” the illness, such as when another is describing symptoms of their sickness and even seeing people at home who are sick, both of which cause the individual to contract the illness. Besides just being sick, “the mind works beyond the normal, because you don’t only think about the illness, but beyond that, the illness being small, one takes it further.” Being physically ill is more than just that; it also affects the mental and emotional health of the individual by potentially causing stress, depression, and angst. Nostalgia is another emotion identified by the group, causing pain of the heart. “We bring our children here thinking we are bringing them to a better place, and we do not ask them if they want to, then we see that they are sad and we want to heal their sadness, and we do not know how, because we can’t even find consolation here” is a confession made by a group member.

Physical references of pain recognized by the group include the head, feet, and neck, along with feeling tired and weak. One individual stated that because his wife does not get enough sleep, it causes her head and neck to hurt. Another said that being on her feet a lot makes them hurt. One member said that physical labor can cause the arms to hurt and make one tired, but sitting behind a desk can also make one tired.

When asked about remedies for sickness, a variety of solutions were given. Advil, Tylenol, and bags of ice were examples group members gave to fix somatic pain. Cures for emotional and mental pain tended to be more holistic. “Taking a bath or go[ing] to sleep”, doing something outside, and taking a break from being with the kids were suggestions for depression, stress, and angst were recommended by focus group members. Going back to their homeland was never mentioned in regards to nostalgia. These Hispanics accept reality; “although the problems do not end...if one has a few problems it means that one can be well.” They seem to understand the fact that life is not without its troubles but that alone does not override the truth that one can also be healthy.

Discussion and Conclusion

Overall, Hispanics in the East Tennessee region have a very holistic view of health. Physical health plays an important part in their lives but mental and emotional health seems to take precedence. Mental and emotional health seem to be the portal through which physical health is influenced: stress causes illness. Participants, especially those with children, expressed themselves as being stressed. One female participant shared that to address her stress she took a break from her children. Taking a break from their children is one way group members reduce stress and take care of themselves. Although males expressed being stressed, they stated that they feel being males they were stronger and by going to work they forget the stress at home. This is indicative of machismo, the role in which the men have to be strong and provide for their family.

The authors were interested to find that Hispanics in the East Tennessee area did not refer to the use of folk traditions such as curanderos, herbal remedies, prayer, or massage in the healing process. However, they utilize other nonpharmacological methods of healing such as distraction from pain, ice bags, and relaxation. Consistent with the literature, Hispanic men relate to the “machismo” idea that their role is to be strong and provide for their families.

Implications for Practice

It should not be assumed that the Hispanics in the East Tennessee region use folk traditions such as curanderos to facilitate the healing process. Healthcare providers should be aware that Hispanic men view their role as needing to be strong and provide for their families.

As women were identified by the focus group as being prone to stress, health care providers should address this likelihood when seeing and treating Hispanics. Implications of stress result in the development of chronic illnesses including hypertension, stroke, and heart disease. Culturally sensitive stress management techniques should also be addressed. Healthcare providers need to take time to ask about specific stressors in patient's lives, collaborate with the patient, and explore ways to decrease and manage stress in a culturally sensitive manner.

Acknowledgements

The authors would like to acknowledge the Language Culture Resource Center; Dr. Ardis Nelson, Director of the Language Culture Resource Center and Director in Graduate Certificate in Health Care Translation and Interpretation; and Dr. Kathleen Rayman, Associate Professor and Director of Graduate Programs at East Tennessee State University, Johnson City, Tennessee for their assistance in completing this research.

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