

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
 - Language differences
 - Cultural preferences and traditions
 - Complexity of U.S. health care system
 - Disease prevalence, morbidity and mortality
 - Omission of health care professionals to view cultural differences as important



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Introduction, cont.

- Ethiopians
 - 2nd largest African immigrant group in U.S.
(Gambino, Trevelyan, & Fitzwater, 2014)
 - History of traditional healing and folk medicine
 - Little research available
- Purposes of the study
 - To identify and describe the culture care beliefs and practices of Ethiopian immigrants living in the mid-Atlantic region of the U.S.
 - To advance the science of transcultural nursing



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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)



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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



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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)



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Methodology

- Theoretical framework
 - Leininger's Theory of Culture Care Diversity and Universality (Leininger, 1997)
- Research Question #1
 - What are the culture care beliefs and practices of Ethiopian immigrants living in the mid-Atlantic region of the U.S.?
- Research Question #2
 - What culture care practices and/or beliefs have been retained and abandoned following immigration?



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Methodology, cont.

- Study design
 - Qualitative ethnonursing research method
- Data collection through
 - Wehbe-Alamah's Open Inquiry Guide (Wehbe-Alamah, 2005)
 - Leininger's Sunrise Enabler (Leininger, 1997)
 - Face-to-face recorded interviews
 - Field notes; journaling
 - Participant observation



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Age in Years	Gender	Place of Birth	Ethnic Group	Time in U.S.	Religion
32	Male	Shambu	Oromo	7 years	Orthodox Christian
38	Female	Adigrat	Tigray	12 years	Orthodox Christian
58	Male	Wukro	Tigray	33 years	Orthodox Christian
49	Female	Silte	Gurage	19 years	Muslim
28	Female	Addis Ababa	Amharic	15 years	Protestant
28	Female	Addis Ababa	Amharic	7 years	Orthodox Christian
32	Male	Arba Minch	Amharic	3 years	Orthodox Christian
30	Female	Arba Minch	Amharic	3 years	Orthodox Christian
37	Female	East Wollega	Oromo	10 months	Protestant
29	Male	West Wollega	Oromo	4.5 years	Protestant
23	Female	West Wollega	Oromo	4.5 years	Protestant
63	Male	Gondar	Amharic	16 years	Orthodox Christian
25	Male	Wolaita	Wolaita	6 months	Protestant
42	Male	Gojjam	Amharic	13 years	Orthodox Christian
33	Female	Dembidolo	Oromo	6 years	Orthodox Christian

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Themes	Patterns
1. Preserving cultural heritage is vital to sense of self and community	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> a. Trusting in God to keep healthy b. The church providing a feeling of community, education, and support
4. Freedom provides opportunity	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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



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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



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Interprofessional Implications, cont.

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

- Visits from religious community; clergy
- Encourage internal locus of control
 - Educate about importance of health maintenance, preventive care, health screenings



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Interprofessional Implications, cont.

Theme 4: Freedom provides opportunity

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



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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
 - Teaching cultural awareness begins with foundational courses in all healthcare disciplines
 - Performing cultural assessment
 - Contacting/working with interpreters
 - Understanding cultural meaning of health and illness



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Conclusion

- Acculturated to western lifestyle
 - Health care, technology, economics, and education in the U.S. seen as beneficial
 - Still maintain culturally-based health care beliefs and treatment options
- Culturally acceptable practices
 - Improve patient satisfaction
 - Enhance compliance with treatment options
 - Improve access to care within complex U.S. health care system



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References

- Bekele, E. (2007). *Study on actual situation of medicinal plants in Ethiopia*. Retrieved from http://www.jaicaf.or.jp/publications/ethiopia_ac.pdf
- Bishaw, M. (1991). Promoting traditional medicine in Ethiopia: A brief historical review of government policy. *Social Science Medicine*, 33, 193-200.
- CIA. (2017). *Ethiopian factbook*. Retrieved from <https://www.cia.gov/library/publications/the-world-factbook/geos/et.html>
- Defaye, F. B., Desalegn, D., Danis, M., Hurst, S., Berhane, Y., Norheim, O. F., & Miljeteig, I. (2015). *A survey of Ethiopian physicians' experiences of bedside rationing: Extensive resource scarcity, tough decisions and adverse consequences*. Retrieved from <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-1131-6>
- Ethiopia population. (2017). *World Population Review*. Retrieved from <http://worldpopulationreview.com/countries/ethiopia-population/>

References, cont.

- Gambino, C. P., Trevelyan, E. N., & Fitzwater, J. T. (2014). *The foreign-born population from Africa: 2008-2012*. Retrieved from <https://www.census.gov/content/dam/Census/library/publications/2014/acs/acsbr12-16.pdf>
- Getahun, S. A. (2007). *The history of Ethiopian immigrants and refugees in America, 1900-2000*. El Paso, TX: LFB Scholarly Publishing.
- Leininger, M. (1997). Overview of the theory of culture care with the ethnonursing research method. *Journal of Transcultural Nursing*, 8, 32-52.
- Terrazas, A. M. (2007). *Beyond regional circularity: The emergence of an Ethiopian diaspora*. Migration Policy Institute. Retrieved from <http://www.migrationpolicy.org/article/beyond-regional-circularity-emergence-ethiopian-diaspora/>
- Wehbe-Alamah, H. (2005). *Generic and professional health care beliefs, expressions and practices of Syrian Muslims living in the Midwestern United States*. (Doctoral dissertation). Retrieved from ProQuest Dissertations and Theses database. (UMI No. 3197399)
- The World Bank. (2017). Retrieved from <http://data.worldbank.org/country/ethiopia>