

# **DNP Final Scholarly Presentation**

## **Eastern European Orthodox Christian Immigrant Women: A Pilot Study and Needs Assessment**

Kimberly Babich-Speck MBA, MSN, APRN-CNP

Otterbein University

NURS 8000

Joy Shoemaker DNP, APRN-CNP, CNE

April 22, 2021

# Executive Summary

There is limited professional knowledge of Eastern European Orthodox Christian immigrant women's (EEOCIW) perceptions of women's healthcare.

Based on *Leininger's Theory of Culture Care Diversity and Universality* this pilot study and needs assessment included 1:1 interviews of 14 EEOCIW and 25 United States born Orthodox Christian Women (USOCW), to uncover perceptions of healthcare, barriers to care, and to explore trust.

The findings were compared between groups to uncover similarities and differences. Methods included:

- Qualitative Ethnonursing Research Process and
- Quantitative Percentage Calculations

As a result, ten themes emerged.

# Introduction

## Crisis Pregnancy Center

- Staff is trained with mainstream American curriculum.
- Anticipated to have higher than average rates of Orthodox Christians.

Globally, 44% of pregnancies overall were unintended in 2010 – 2014. The unintended pregnancies that end in abortion in:

- developed regions of the world was 59%;
- developing regions of the world was 55%;
- Eastern Europe was 77%;
- North America was 36% (Bearak, et. al., 2018).

Orthodox Christianity is the dominate religion within Russia and south-eastern Europe (Leustean, 2009).

40% percent of Orthodox Christians in America are immigrants and 23% are children of immigrants (Pew Research Center, 2017). Research is scarce regarding EEOCIW.

# Problem Statement

How do EEOCIW between the ages of 18 and 55 years old who have experienced women's healthcare in the United States (US) perceive their experience of women's healthcare compared to USOCW within the first 25 years post immigration?

Additionally, what are the elements that enhance trust between provider and this patient population?



# Significance to Nursing

EEOCIW may have unique beliefs, values, and practices that create diversity from mainstream America.

Recognize cultural imposition and cultural blindness.

Tailor nursing care to consider cultural differences, and connect through cultural similarities.

Understanding the healthcare beliefs and experiences of the EEOCIW can help build trust, enhance nurse-patient conversations, and ultimately improve the health and wellbeing of these women.

# Background

Reasons for immigration:

- seeking humanitarian protection and
- reuniting with family members (Zong & Batalova, 2016).

Immigrant barriers to securing access to healthcare:

- enrollment barriers of fear, confusion about eligibility policies, difficulty navigating the enrollment process, and language and literacy challenges and
- finances (Kaiser Family Foundation, 2020).

# Theoretical Framework

Leininger's Theory of Culture Care Diversity and Universality will be utilized as a theoretical framework for understanding the attitudes, beliefs and perceptions regarding women's healthcare for the EEOCIW.

The goal of the theory is "to discover comparative culture care knowledge to meet the needs of diverse and similar cultures ..." (Leininger, 1997).

**Figure 1**

*Madeleine Leininger*



1925-2012

*Note.* From *Madeleine Leininger* [Photograph], by source unknown, Madeline-Leininger (<http://www.madeleine-leininger.com/faq-home.shtml>). CC BY 4.0

# Project Objectives

The objective of this project was to gather insights into the perspectives of EEOCIW regarding their women's healthcare.

This has the potential to improve engagement between clinician and patient by helping the clinician add awareness, knowledge and intention, clarify expectations, recognize concerns, build trust, and improve communication with the patient.

In order to achieve this objective, it was necessary to interview and seek the perspectives of both EEOCIW and USOCW for purposes of seeking similarities and differences.

# Methodological Approach: Mixed Design

This project was based on Leininger's Theory of Culture Care Diversity and Universality with a mixed method design.

Leininger's Ethnonursing Research Process was utilized. To compare and contrast between groups, percentages of consensus were calculated.

Leininger's Ethnonursing Research Process requires

1. open discovery, active listening, and a learning attitude,
2. actively participating with informants in reflection of what is heard,
3. recording everything,
4. utilizing ethnonursing publications and
5. clarifying the purpose of using ethnonursing with another method if another method is needed (McFarland & Wehbe-Alamah, 2018).

# Sample

Leininger recommends 12-15 key informants and 20-25 general informants (McFarland & Wehbe-Alamah, 2018).

This study included EEOCIW  $n = 14$  and USOCW  $n = 25$ .

# Protection of Human Subjects

Otterbein University Institutional Review Board (IRB) approval solicited and received and amended to include Slovakia.

Informed consents obtained.





# Budgetary Funding Proposal

**Table 1**

*Budget*

Research Expenses	Calculation	Total
Participant Stipend	\$20 pp x 39 participants	\$780
Nvivo Software (coding+transcription)	\$85 + \$499	\$584
Incidentals: refreshments for Face-to-Face Meetings + copying flyer	\$25 + \$3	\$28
Transcultural Nursing Text		\$67.39
Otterbein DNP Student Research Funding Total Award		(\$400)
<b>Total out-of-pocket cost</b>		<b>\$1059.39</b>

# Outcomes: Ten Themes

- EEOCIW include overall wellbeing and mental healthcare in their perceptions of women's healthcare.
- EEOCIW tend to obtain healthcare information from their healthcare providers and from family and friends, but are more individual in making their decisions.
- EEOCIW believe healthcare in the US has better technology and more timely appointments, but feel the providers seem to rush through the visits.
- Health insurance, cost, and financial ability to pay are cited as barriers to care for EEOCIW, driving some to seek care overseas.
- The education that EEOCIW receive, both emic and etic, effect perceptions of health and healthcare.

# Outcomes: Ten Themes

- Women's health issues and/or sickness could be viewed as shameful and something to be kept private, even to the detriment of the women's health.
- Faith and religion are important and could influence healthcare behaviors and/or decisions.
- There is a concern about the future health effects from past environmental radiation exposure.
- EEOCIW and USOCW may have unique birth control needs.
- Mutual respect, open and honest communication, and empathy are needed to individualize care and build trust with EEOCIW and USOCW.

# Recommendations

- Be aware that wellness of the whole woman, including mental, spiritual, and dental health is important. The self-defined wellness of the whole woman may not allow for the use of hormones in birth control.
- Providers should ask patients if and how their faith may play a role in their healthcare decisions, and be non-judgmental with responses.
- Be astute to *cultural imposition* when discussing methods of birth control with EEOCIW.

# Recommendations

- Natural family planning (NFP) is a reality for some Orthodox Christian women and should be added as a topic of inquiry and an option with these patients.
- Creation of a position for a Natural Family Planner to educate on NFP.
- Provide reliable information regarding hormonal contraception, available on pregnancy center websites in Eastern European languages.

# Recommendations

- Providers should be aware that EEOCIW may have not had consistent medical care over the years.
- Inquire about potential exposure to environmental radiation with patients from Eastern Europe.

Figure 2

*Far Eastern Federal University Medical Center*

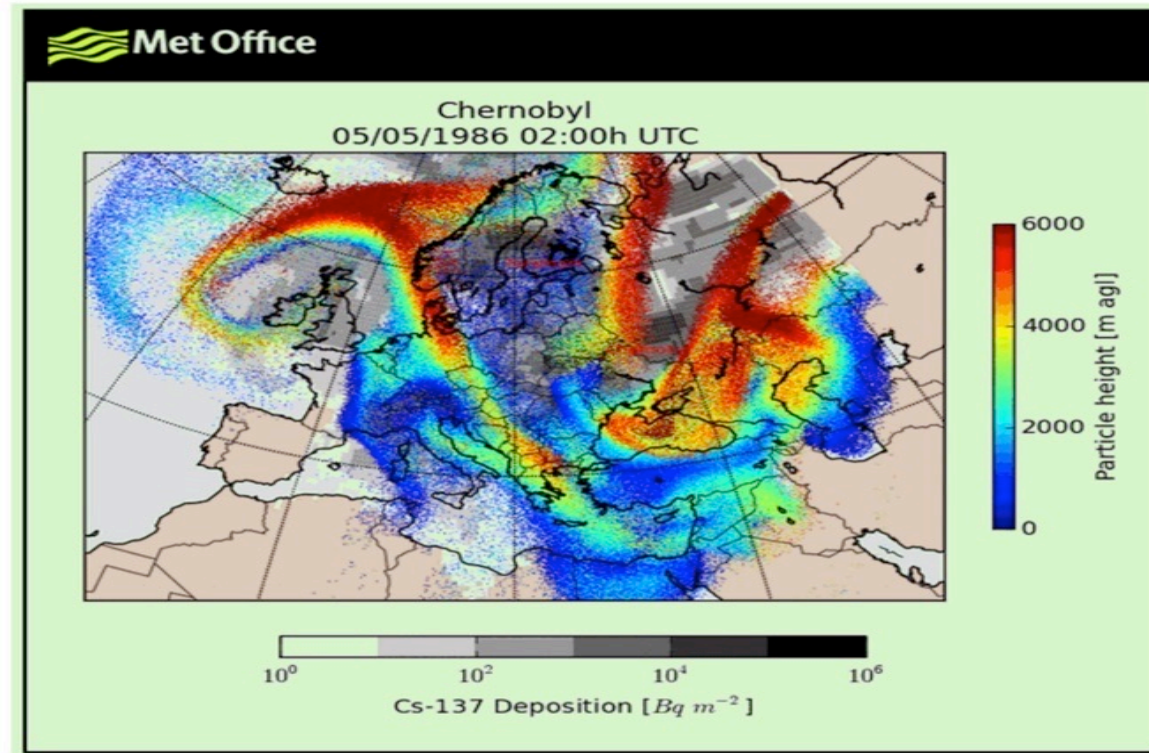


*Note.* From *Wikimedia* [Photograph], by unknown source, 2013, Wikimedia Commons ([https://commons.wikimedia.org/wiki/File:Far\\_Eastern\\_Federal\\_University\\_Medical\\_Center.jpg](https://commons.wikimedia.org/wiki/File:Far_Eastern_Federal_University_Medical_Center.jpg)). CC BY-SA 3.0



**Figure 3**

*Met Office Animation Showing the Spread of Caesium-137 Released in to the Atmosphere.*



*Met Office animation showing the spread of caesium released in to the atmosphere.*

*Note.* From Met Office [Animated map], by Met Office Press Office, 2011, Met Office (<https://blog.metoffice.gov.uk/2011/04/26/25-years-on-from-Chernobyl/>). Contains public sector information licensed under the Open Government License v3.0



**Figure 4**

*A Street in Belgrade, Serbia After NATO Bombing*



Potential site of land radiation from NATO depleted uranium bombing.

*Note.* From *Wikimedia* [Photograph], by Snake bdg,1999, Wikimedia Commons ([https://commons.wikimedia.org/wiki/File:Nacionalni\\_automobil\\_Yugo\\_1999.jpg](https://commons.wikimedia.org/wiki/File:Nacionalni_automobil_Yugo_1999.jpg)). In the public domain.

**Figure 5**

*Ostruznica Highway Bridge, Serbia*



Potential site of water radiation contamination from NATO depleted uranium bombing.

*Note.* From *Wikimedia* [Photograph], by US Military, 1999, Wikimedia Commons ([https://commons.wikimedia.org/wiki/Category:Bombing\\_of\\_Belgrade\\_in\\_1999#/media/File:Ostruznica\\_Highway\\_Bridge.jpg](https://commons.wikimedia.org/wiki/Category:Bombing_of_Belgrade_in_1999#/media/File:Ostruznica_Highway_Bridge.jpg)). In the public domain.

# Recommendations

- Be mindful of the anxiety and body language of the EEOCIW who uses English as a second language. Be prepared to moderate your tone or patience.
- Translators in the room could cause the patient to become more private and share less information.
- Make eye-contact, allow the patient time to process thoughts, allow additional appointment time, and utilize re-statement to be sure of the patient's intentions.

# Recommendations

- Ask open-ended questions about where and from whom are patients obtaining their healthcare. If they have no insurance, consider that someone at the church could be providing as-needed care, and inquire about medical tourism.
- Offer the assistance of social services to EEOCIW who are in financial need of co-pay assistance.

# Potential Limitations

- There was a limited volume of literature that focused on the Eastern European Orthodox immigrant women.
- Education levels and socioeconomic status were not solicited from the women.
- This study is limited to English speaking immigrants.
- The sample population is weighted towards the Balkan area.



# Summary

Further action is needed to develop sexual education resources for youth and women.

Understanding themes and incorporating into nursing care will produce cultural care individualized to these women that will build trust leading to improve outcomes.

Continued research on the social structure dimensions and worldview will help ensure culturally congruent care that encourages holistic health and wellbeing, and will provide for needs and comforts during times of disability, illness, dying, and death.

# Timeline

August 2020

- Vision Meeting
- Assemble questionnaire resources

October 2020

- Student Research Fund grant approval

December 2020

- Purchased NVivo software
- Transcription began

January 2021

- Transcription ended

March 2021

- Analysis ended
- Project final composition
- Editing began

**FALL SEMESTER 2020**

September 2020

- IRB & grant submission
- IRB approval
- Recruitment & interviews began

November 2020

- IRB amendment
- Recruitment ended
- Interviews ended

**SPRING SEMESTER 2021**

February 2021

- Analysis began

April 2021

- Project final editing ended
- Dissemination of results







# References

- Bearak, J., Popinchalk, A., Alkema, L., & Sedgh, G. (2018). Global, regional, and subregional trends in unintended pregnancy and its outcomes from 1990 to 2014: estimates from a Bayesian hierarchical model. *The Lancet Global Health*, 6(4), E380-E389. [https://doi.org/10.1016/S2214-109X\(18\)30029-9](https://doi.org/10.1016/S2214-109X(18)30029-9)
- Leustean, L. N. (2009). *Orthodoxy and the Cold War* (1<sup>st</sup> ed.). London, England: Palgrave MacMillan.
- Kaiser Family Foundation. (2020). Health coverage of immigrants. <https://www.kff.org/racial-equity-and-health-policy/fact-sheet/health-coverage-of-immigrants/>
- Leininger, M. (1997). Overview of the theory of culture care with the ethnonursing research method. *Journal of Transcultural Nursing*, 8(2), 32-52.
- Madeleine-Leininger. (year unknown). *Madeleine Leininger* [Photograph]. Madeline-Leininger. <http://www.madeleine-leininger.com/faq-home.shtml>
- McFarland, M. R., Wehbe-Alamah, H. B. (2018). *Leininger's Transcultural Nursing Concepts Theories, Research & Practice* (4<sup>th</sup> ed.). New York, NY: McGraw-Hill Education.
- McFarland, M. R., Wehbe-Alamah, H. B. (2019). Leininger's theory of culture care diversity and universality: An overview with a historical retrospective and a view toward the future. *Journal of Transcultural Nursing* 30(6), 540-557. <https://doi.org/10.1177%2F1043659619867134>

# References

- Met Office Press Office. (2011). *Met Office animation showing the spread of caesium-137 released in to the atmosphere*. [Animated map]. Met Office. <https://blog.metoffice.gov.uk/2011/04/26/25-years-on-from-Chernobyl/>
- Pew Research Center. (2017). Orthodox Christianity in the 21st century. <https://www.pewforum.org/2017/11/08/orthodox-christianitys-geographic-center-remains-in-central-and-eastern-europe/>
- Snake bdg. (1999). *A street in Belgrade, Serbia after NATO bombing*. [Photograph]. Wikimedia Commons. ([https://commons.wikimedia.org/wiki/File:Nacionalni\\_automobil\\_Yugo\\_1999.jpg](https://commons.wikimedia.org/wiki/File:Nacionalni_automobil_Yugo_1999.jpg)).
- US Military. (1999). *Ostruznica Highway Bridge, Serbia*. [Photograph]. Wikimedia Commons. [https://commons.wikimedia.org/wiki/Category:Bombing\\_of\\_Belgrade\\_in\\_1999#/media/File:Ostruznica\\_Highway\\_Bridge.jpg](https://commons.wikimedia.org/wiki/Category:Bombing_of_Belgrade_in_1999#/media/File:Ostruznica_Highway_Bridge.jpg)
- Wikimedia. (2013). *Far Eastern Federal University Medical Center* [Photograph]. Wikimedia. [https://commons.wikimedia.org/wiki/File:Far\\_Eastern\\_Federal\\_University\\_Medical\\_Center.jpg](https://commons.wikimedia.org/wiki/File:Far_Eastern_Federal_University_Medical_Center.jpg)
- Zong, J. & Batalova, J. (2016). European immigrants in the United States in 2014. Migration Policy Institute. <https://www.migrationpolicy.org/article/european-immigrants-united-states-2014>

