

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

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Abstract

This pilot study and health needs assessment examines the women's healthcare perceptions of 14 Eastern European Orthodox immigrant women (EEOCIW) and identifies similarities and differences with 25 United States born Orthodox Christian women (USOCW). Between September and November 2020, interviews were conducted with Orthodox Christian immigrant women from Eastern Europe (E.E.) and Orthodox Christian women born in the United States (U.S.). Qualitative content analysis was the primary analytic strategy. Ten themes emerged. Findings indicate unique cultural healthcare needs.

Background

Eastern Europe Immigration

- 2.1 million E.E. immigrants in 2016 (Migration Policy Institute, 2018).
- Civil unrest and wars.
- Humanitarian protection.
- Reunite with family (Zong & Batalova, 2016).
- Orthodox Christianity dominant religion (Leustean, 2009).

Post Immigration Health Disparities

- Confusion about eligibility policies.
- Difficulty with enrollment.
- Language challenges.
- Literacy challenges.
- Finances (Kaiser Family Foundation, 2020).

Description and Design

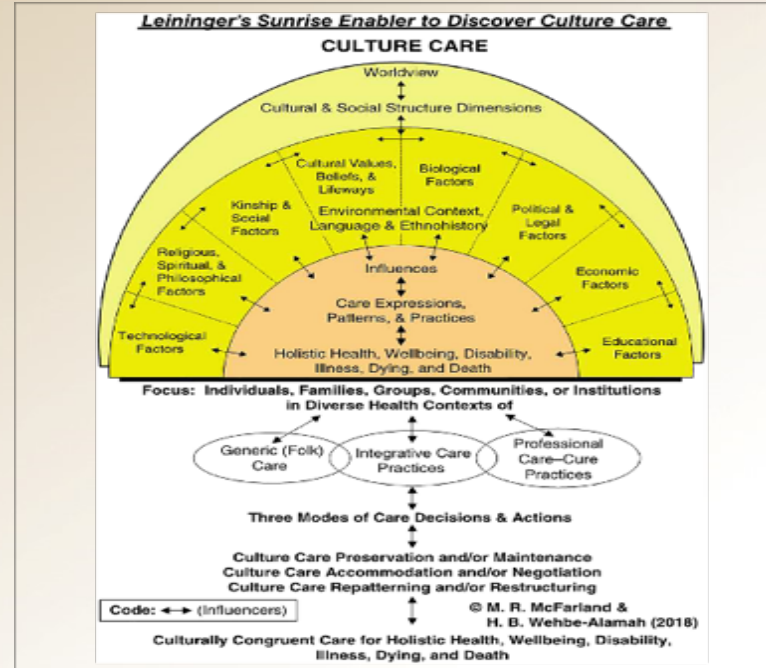


Figure 1 Leininger's Sunrise Enabler (McFarland & Wehbe-Alamah, 2019)

Leininger's Theory of Culture Care Diversity and Universality was used as the framework. The objective was to gather insights from EEOCIW regarding their perceptions of women's healthcare. Semi-formal, one-on-one interviews were conducted and recorded. The Sunrise Enabler guided twelve questions covering:

- General perceptions women's healthcare.
- Influencing factors.
- Contraception.
- Personal trust in healthcare.

A mixed method design utilized Leininger's Ethnonursing Research Process and a calculation of percentages of consensus to compare and contrast between groups (McFarland & Wehbe-Alamah, 2018). NVivo software and manual methods were utilized to code, analyze, and theme data (QSR International, 2020).

Similarities and differences between groups were identified. Prevailing themes emerged. Themes were subject to DNP student interpretation with data validated by advisor.

Outcomes

1. Wellbeing and mental healthcare.
2. Healthcare information and decisions.
3. Technology and time.
4. Cost.
5. Education.
6. Shame and privacy.
7. Faith, religion, and spirituality.
8. Radiation.
9. Birth control.
10. Respect.

Limitations

1. Specific population available literature is limited.
2. Education and socioeconomic factors not solicited.
3. Non-English speaking immigrant experience not captured.
4. Multiple countries could introduce intra-country specific factors.
5. Snowball sampling.

Conclusion

EEOCIW would benefit from their cultural needs being recognized by healthcare providers.

Recommendations include:

- Whole woman wellbeing with mental health care.
- Accommodate for NFP.
- Develop sexual educational resources for women and youth. Make available in Eastern European languages and accessible on websites.
- Inquire about the role of religion and church in decision making.
- Be astute to potential radiation exposure.
- Moderate tone and patience.
- Make eye-contact, allow additional time.
- Ask about medical tourism.
- Offer social services.

Further research regarding the social structure dimensions and worldview of the EEOCIW will help ensure culturally congruent care.

Introduction

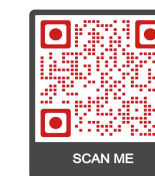
- Crisis pregnancy center sponsored by congregants of Orthodox Church in North America.
- "Mainstream" training resources.
- Abortion rates central and eastern European countries 37.4 per 1000 women aged 15-44 (United Nations, 2013).
- Abortion rates U.S. 11.3 per 1000 women aged 15-44 (CDC, 2020).
- 40% of Orthodox Christians in America are immigrants and 23% are children of immigrants (Pew Research Center, 2017).

Problem Statement & Significance

Problem: Despite the longevity of Eastern European immigration to America and of Orthodox Christianity in America, there remains limited professional knowledge of EEOCIW perceptions of women's healthcare.

Significance: In order to advance the body of transcultural nursing knowledge, the performance of a health needs assessment for EEOCIW was conducted, which makes culturally competent care possible.

References



Recording

