The Nurse Work Environment and Delivering Culturally Sensitive Perinatal Hospice Care (FR436-B)

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Objectives

• Discuss research background and significance.
• Describe the nurse work environment factors related to delivery of culturally sensitive care for families receiving perinatal hospice care.
• Based on analysis of research findings presented, create innovative approaches clinicians and administrators can implement to meet patients’ and families’ cultural needs.

Original Research Background: Perinatal hospices offer end-of-life care for families and infants diagnosed with a life-limiting condition either in utero or shortly after birth. Despite the increasing multicultural composition of these infants and families, little is known about whether culturally sensitive care is delivered and how the nurse work environment may influence the delivery of perinatal hospice care that is culturally sensitive.

Objective: The purpose this study was to evaluate the relationship between the nurse work environment and the delivery of culturally sensitive perinatal hospice care.

Methods: Using a correlational design, a sample of 995 hospices from the 2007 National Home and Hospice Care Survey was analyzed. Measures of the nurse work environment (ie, hospice environment, nursing unit environment, nursing unit structure) and characteristics of culturally sensitive care (ie, interpreter service, material translation, multilingual staff) were created. Separate multivariate logistic regression analyses were conducted for the characteristics of culturally sensitive care.

Results: Eighty-eight percent of hospices offered interpreter services, 68% provided translated materials, and 47% had multilingual staff. Accredited and teaching hospices were more likely to offer interpreter services, and accredited and teaching hospices with a technology climate were more likely to provide translated materials. BSN nursing staff and a technology climate were positively associated with having a multilingual staff; however, hospices with a nurse director were negatively related in multilingual staff.

Conclusions: This study suggests that the hospice and nursing unit environments may be important contributors to the delivery of culturally sensitive care. Future research is needed to examine the experience and attitudes of families receiving culturally meaningful perinatal care.

Implications for Research, Policy, or Practice: Understanding the nurse work environment and the relationship to providing culturally sensitive perinatal hospice care assists clinicians and administrators in addressing gaps in care and planning new approaches to meet patients’ and families’ cultural needs.