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Araştırma Makalesi/ Research Article

Immigrant Families in the Neonatal Intensive Care Unit: Barriers in Nursing Care

Yenidoğan Yoğun Bakım Ünitesindeki Göçmen Aileler: Hemşirelik Bakımında Engeller

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ABSTRACT

Objective: The number of immigrants in the world is increasing rapidly. The vast majority of female immigrants are of reproductive age. Immigrant infants are added to the population every day. The purpose of this study is to determine challenges for neonatal intensive care unit nurses who care for infants of immigrant families.

Methods: A qualitative phenomenological research design based on a semi-structured in-depth interview with 11 neonatal intensive care nurses. The interviews were recorded and transcribed for content analysis and responses were categorized into themes.

Results: The two major themes identified from the data were: (1) language-related barriers and (2) culture-related barriers.

Conclusion: Neonatal intensive care nurses who care for infants of immigrant families have communication problems as a result of the lack of interpreters and because of challenges cultural differences. This has the potential to affect the well-being. Study results can be used by nurses to improve the quality of care of immigrant infants and their families.

Keywords: Neonatal intensive care units, nursing, transients and migrants

ÖZ

Amaç: Dünyada göçmen sayısı hızla artmaktadır. Kadın göçmenlerin büyük çoğunluğu üreme çağındadır. Göçmen bebekler her gün nüfusa eklenmektedir. Bu çalışmanın amacı, göçmen ailelerin bebeklerine bakım veren yenidoğan yoğun bakım hemşirelerinin karşılaştıkları zorlukları belirlemektir.

Yöntem: Araştırma tasarımı 11 yenidoğan yoğun bakım hemşiresi ile yarı yapılandırılmış derinlemesine görüşmeye dayalı nitel fenomenolojik tiptedir. Görüşmeler kayıt altına alınmış ve içerik analizi için yazıya dökülmüş ve cevaplar temalar halinde kategorize edilmiştir.

Bulgular: Çalışmada (1) dille ilgili engeller ve (2) kültürle ilgili engeller olmak üzere iki ana tema belirlenmiştir.

Sonuç: Göçmen ailelerin bebeklerine bakan yenidoğan yoğun bakım hemşireleri, tercüman eksikliği ve kültürel farklılıklar nedeniyle iletişim sorunları yaşamaktadır. Bu durum, ailelerin ve yenidoğanların iyilik halini etkileme potansiyeline sahiptir. Çalışma sonuçları göçmen bebeklerin ve ailelerinin bakım kalitesini artırmak için hemşireler tarafından kullanılabilir.

Anahtar Kelimeler: Yenidoğan yoğun bakım üniteleri, hemşirelik, geçiciler ve göçmenler

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Introduction

Turkey is among the countries with the maximum number of immigrants (International Migration Report 2015, 2016). According to 2019 data, the total number of immigrants under temporary protection is 3,644,342, and the number of women immigrants is 1,667,192. Almost half of the female immigrants are of reproductive age (The Republic of Turkey Ministry of Interior Directorate General of Migration Management Up-to-Date Statistics, 2019).

Immigration is defined as "the process in which an individual or a group of people go to a different place within the same country or another place by crossing an international border (International Migration Law Glossary on Migration, 2019). Population movements are included in this definition regardless of the duration, form or cause of the translocation of people. Therefore, the concept of immigration includes fugitives, refugees, economic migrants, irregular immigrants, and human groups displaced due to various reasons (International Migration Law Glossary on Migration, 2019). The number of immigrants has been increasing worldwide, and two-thirds of these immigrants live in either Europe or Asia (International Migration Report 2015, 2016). Although the immigrant population in the Western world has increased, the number of studies about cultural competency in care in pediatric and newborn intensive care units is low (Nicholas et al., 2014). According to international agreements, healthcare is everyone's primary right ("CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12)," 2000). A significant issue facing this population is access to health care.

Family-centered care is a philosophy putting family as the focal point of the child's life. This philosophy supports families' roles as the caregivers and decision-makers. The main elements of family-centered care are cooperation between the family and healthcare personnel; providing specific care for each child; respecting families' race, ethnicity, and religious and cultural characteristics; and addressing developmental needs of infants and children within the health system (McGrath, 2014). Culture is defined as the values, beliefs, and norms that affect how a group of people think and decide, and it directly affects health (Leininger and McFarland, 2006).

Studies indicate that immigrants are at risk regarding their health state (Geiger, 2001). This includes infants receiving treatment in neonatal intensive care units (NICU). Bakken et al. found that the Apgar scores of immigrant infants were lower, and they had elevated risks of gestational diabetes, low birth weight, meconium-stained fluid syndrome, and dystonia (Bakken et al., 2015). In a retrospective study on immigrant infants in Turkey, a higher proportion of infants were admitted to the NICU due to low and very low birth weight. The mean mortality rate of immigrant infants is higher than the mortality rate of local infants in Turkey (Büyüktiryaki et al., 2015).

Since family-centered care to promote child and family wellbeing is always necessary (Arango, 2011). The situations which occur between the immigrant families and healthcare professionals including the nurses providing care in NICUs are as follows: dissociation due to incompatibilities regarding the care expectations of the healthcare professionals and families; the families' and healthcare professional's concerns caused by changes in the language and communication; communication problems caused by the differences in cultural norms and judgments; and units not equipped for intercultural care (e.g., communication problems caused by lack of interpreters) (Nicholas et al., 2014). Determining the culture- and language-related barriers can be helpful for health care professionals seeking to provide for immigrant families (Uppal et al., 2013). This study was conducted to determine the difficulties faced by the neonatal intensive care unit nurses who provide care to infants of immigrant families.

Material and Method

Study design

The qualitative research model and phenomenological design were used for the study. Phenomenology design focuses on the cases that we are aware of but for which we do not have a deep and detailed understanding. Phenomenology provides a basis for studies aiming to examine phenomena that are not entirely strange to us but that we cannot exactly comprehend, as well (Yıldırım and Şimşek, 2008). Phenomenology reveals participants' life experiences (Taylor et al., 2010).

Participants

Data were collected at the NICU of a state hospital. In this unit, 29 nurses worked and provided care at levels I, II, and III. The NICU had 34 incubators, and each nurse provided care for four infants. The study was conducted with 11 nurses who had been working in this unit for at least six

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months (Larson et al., 1984). Purposive sampling method was used to select nurses in the study. The data collection process continued until data saturation was reached, in other words, until no new theme could be formed (Pope and Mays, 2013).

The participants' ages varied between 30 and 45, and all of them were female. Of the participants, eight were Bachelor's degree and three had a two-year degree. The participants' durations of employment were between three and 13 years. They provided care to the children of Syrian, Iranian, and Afghani families.

Data Collection

All participants were interviewed in-depth and face-to-face using a semi-structured interview form (Table 1). The semi-structured interview form was prepared based on temporary themes formed according to the literature (Hendson et al., 2015; Uppal et al., 2013).

Table 1. Semi-structured interview form

Questions
1.What kinds of difficulties, if any, do you experience with the immigrant patients to whom you provide care?
2.What difficulties did language-related problems cause you to experience in the care of the patient?
3.What difficulties did cultural differences cause you to experience in the care of the patient?

In-depth interviews should be conducted with individuals who have experienced the phenomenon to obtain detailed information about phenomena (Taylor et al., 2010). Also, a demographic information form about age, educational level, and duration of employment was completed by each of the participants. Each interview started with the question, "What kinds of difficulties, if any, do you experience with the immigrant patients to whom you provide care?"

The interviews were conducted in a quiet room close to the unit. All interviews were conducted by one researcher and were recorded (voice recording) after obtaining the participant's consent. The interviews took approximately 45-60 minutes. The data were collected between May and July 2016. The credibility, transferability, dependability, and conformability of the participants' answers were considered for the trustworthiness of the study (Creswell and Poth, 2017).

Data Analysis

Data analysis is focused on revealing experiences and meanings in phenomenology studies. Therefore, content analysis enables the conceptualization of data and development of themes that can define a phenomenon. Basic procedures conducted within the content analysis include gathering similar data within the scope of certain concepts and themes and interpreting these data by organizing them in a way that readers can understand (Yıldırım and Şimşek, 2008). Codes were formed based on the literature before conducting the study. Voice recordings were played back, and the data were transcribed word-for-word. These data were examined in accordance with the recommendations of Yıldırım and Şimşek (2008) (Yıldırım and Şimşek, 2008). The researchers separately read the written interviews repeatedly. Codes for the interviews were separately formed by the two researchers. Afterward, themes were formed by gathering these codes. The codes formed by the researchers were compared with the codes formed based on the literature, and a new coding system was generated by reconciling the results on a general framework. The data were classified on paper based on the new coding system, and final themes were formed.

Results

The data were classified under two main themes: language-related barriers and culture-related barriers (Table 2).

Table 2. Themes and subthemes

Main themes	Subthemes
Language-related barriers	Patient admission Family-centered care Home care Ethical problems
Culture-related barriers	Gender discrimination Low educational level Traditional practices

Theme 1: Language-related barriers

Patient admission subtheme

The nurses expressed difficulties arising from language problems when taking the medical history of the patient, and the effects of these problems on the infant. Nurses stated the following:

"While taking the medical history of the patient, we cannot get answers about birth time,

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phenylketonuria, hepatitis vaccine (indicating hepatitis B vaccine), siblings, whether parents have any disease… We make decisions based on the appearance (indicating physical examination) of the patient, as we are unable to take a medical history. The baby has aspirated. Did the baby vomit?… We cannot interfere as we do not know the history. Chest radiography should immediately be performed for aspiration. However, because we do not know the medical history, we might have to perform unnecessary chest radiography. Treatment of the baby is affected as we cannot get clear information. It results from communication-related problems." (Nurse 2).

"It affects the treatment process. Did the mother have PROM (indicating a premature rupture of the membrane) during pregnancy? We need to learn this. It will affect the treatment process. Maybe antibiotics will be given. The treatment gets delayed because we cannot get accurate information about these matters." (Nurse 8)

Family-centered care subtheme

The nurses stated that they were unable to provide sufficient education to mothers to include them in the care due to language problems.

"While informing the mother about the necessary rules for entering the unit, I had to use sign language to tell the mother how to touch the baby, and this was not sufficient." (Nurse 1).

"We face difficulties with language. We cannot inform mothers about feeding, changing diapers, etc. We get help from mothers who know the language or we try to help by asking one of their relatives who knows Turkish to translate over the telephone." (Nurse 7).

"The mothers cannot be taught anything. For example, there was a baby who needs to be fed with 70 cc in during my shift. I constantly prepared 70 cc formula in the feeding bottle as I was unable to tell the mother this. But after they go home, she will be preparing this on her own. We will not go and do it for her." (Nurse 8).

Home care subtheme

The participants stated that the mothers were unable to understand the discharge education due to language problems; therefore, this negatively affected the baby's care in home.

"We provide verbal education about discharge. We also provide it in writing. However, the infants can come back to the unit with weight loss, fever, and increased jaundice due to insufficient nutrition as the mothers do not understand at a sufficient level." (Nurse 8).

"There are infants who come back to the unit due to infection. There was a baby whose fever increased after diaper rash…"(Nurse 2).

"Their knowledge is lacking, as we are unable to tell them important information during discharge. We tell them how to feed the baby, and how to reinforce the breast milk. However, as they cannot feed the baby, the baby runs a fever after two to three days, or dehydration develops." (Nurse 9).

Additionally, the nurses expressed that they had difficulties explaining how to calculate medication dosage during discharge education. One of the participants stated the following:

"Dosages of medication to be used in the home become a problem. Preparing medication for a newborn with a dosage for adults causes distress. We explain it to Turkish families and also give it in writing. Immigrant families do not have this chance." (Nurse 3).

In addition to the home care subtheme, the participants stated that routine follow-ups are not understood during the discharge education due to language problems about the routine monitoring of the baby; thus, the baby's care is affected. Two of the participants stated the following:

"Information about discharge needs to be given. They need to be directed to the PHC (indicating Public Health Clinic). They should be informed about nutrition, weight follow-up, vaccines, etc., and they need to come to the newborn polyclinic for control. It is difficult to tell them the date for this. Therefore, the baby's care is insufficient." (Nurse 2).

"…We give a paper to her. She cannot read it, as the paper is in Turkish. If she can find one of her relatives who knows Turkish, she asks that person to read it. Some may not come back for follow-up care, because they do not understand. Some leave before the hearing screening test is done." (Nurse 5).

Ethical problems subtheme

The participants stated they face difficulties due to language barriers while obtaining consent.

"We get consent which has two or three pages signed by the patients. A normal citizen needs to read and contemplate... We get their signature. It is illogical to get the consent signed, as they do not understand anything. They compulsorily sign it." (Nurse 5).

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"In the future, they might say that this form is in Turkish and I do not know what I have signed." (Nurse 8).

Theme 2: Culture-related barriers

The participants stated that the parents' behaviors based on their culture affected the diagnosis, treatment, and care processes for the infant.

Gender discrimination subtheme

One of the participations stated the following about this matter: "If a sibling has a problem, then the newborn is examined accordingly." For example, we ask about siblings. Some families do not count girls. Especially fathers. This affects the patient's treatment." (Nurse 10).

Low educational level subtheme

"We cannot explain the visiting hours to parents. They want to enter the unit constantly. They want to bring all of their relatives to the unit. We cannot explain the rules about entering the unit to the mother. We try to explain through body language. They pose a risk of infection. It is not just a language problem. We explain to those with relatives who know Turkish; however, their educational level is too low to understand the way it should be done." (Nurse 11).

Traditional practices subtheme

"We cannot even explain feeding, caring, and changing the baby's diapers. Most families delay changing the baby's diaper. They do not believe that if the baby urinated, the diaper should immediately be changed. We do it and try to explain it to them but they probably do not do it at home." (Nurse 3).

"They do not understand us. Therefore, they want to apply the traditional behaviors they used to know." (Nurse 5).

Discussion

This study determined two main themes, language-related barriers and culture-related barriers. The results of the study indicate that nurses face difficulties while providing care to immigrant families due to language-related barriers.

It was found that nurses face one of the language-related barriers while taking the medical history of the patients, in the study. Taking the patient's medical history, which is a component of the nursing process and is based on the holistic approach, is necessary for accurate diagnosis and suitable treatment (Fawcett and Rhynas, 2012). History taking is one of the assessment methods nurses use to communicate with patients, family members, and other personnel, collect important information about the patient's health, document potential health risks, and accurately determine a preclinical diagnosis (Ingram, 2017; Wilson and Giddens, 2020). This is a one line of why the patient, in their own words, has attended the clinical environment for medical assistance (Peart, 2022). Van Rosse et al. (2016) conducted a mixed-methods study with immigrant patients and found that the language barrier caused patient safety problems in relation to diagnosis, treatment, and care (van Rosse et al., 2016). The findings of the study indicate that the nurses are unable to take a medical history due to language-related barriers, and this situation limits the management of the patient's treatment and care process. The study findings are similar to the findings of the current study.

Nurses stated that he language barrier caused ethical problems while obtaining the consent of the family, in the study. According to the study of Koçan et al. (2017), one of the problems experienced by healthcare professionals regarding immigrant patients is the inability to obtain informed consent. In the study of Zengin et al. (2021), in which the difficulties experienced by nurses while giving care to Syrian refugee children were examined, it was determined that hospitalization documents were sometimes filled incompletely due to communication difficulties.

In the study, it was determined that the nurses had difficulties in providing family-centered care due to language barriers. One of the purposes of care in the Neonatal Intensive Care Unit is to provide family-centered care. With family-centered care, families are integrated into the care of their babies in the NICU. The practices carried out in this context are to ensure communication and cooperation with the family, to inform the family about the treatment and care of the baby, and to support the family to participate in the care of the baby (Coughlin, 2021). Lack of a common language may make these interventions difficult to organize (Kynoe et al., 2020). The findings of this study reveal that the education given to the mothers is not effective due to language problems, and this negatively affects the health of the infant. Similarly, Kynoe et al. (2020) reported that the interaction between parents and nurses was interrupted due to language barriers, and that nurses had difficulty in explaining practices, medical equipment and treatment (Kynoe et al., 2020). Hendson et al. (2015) conducted a qualitative study in a NICU and found that language and communication problems faced by health

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professionals providing care to immigrant families were barriers to care (Hendson et al., 2015).

Another finding obtained from the study was that nurses had difficulty in discharge training due to language barriers. It is known that parents have difficulty in following the instructions given in discharge training (Glick et al.,2017). However, language barriers can complicate the patient's discharge process considerably. Therefore, discharge education in accordance with the language of the patient is important (Platter et al., 2019). Karliner et al. (2012) found that the level of understandability of the information about medication and follow-up which was provided to patients during discharge was low (Karliner et al., 2012). The findings of these studies are similar to those of the current study. The findings of the current study reveal the importance of understanding of information provided by the parents to ensure patient safety and to prevent the infant from being re-hospitalized in the unit.

Study results show that gender discrimination against girls was among the culture-related barriers. Gender discrimination related to socio-cultural reasons manifests as ignoring female children in this study. Nurses stated that parents do not tell the healthcare professionals about the existence of a family disease that the baby's sister has, as they ignore their female child, and thus the diagnosis and treatment processes for the infant are delayed. In developing countries, gender discrimination against girls is experienced in the very first days of life. For example, parents spend more time caring for male children than for female children, and male children are fed with breast milk for longer periods (Barcellos et al., 2014). However, Pulver et al (2016) found that the use of health services in girls in immigrant groups was lower than in boys (Pulver et al., 2016). Similarly, in another study examining the status of receiving preventive health care for their children of immigrant mothers, it was reported that boys received more preventive care (Pulver et al., 2020). Girls are not considered a permanent part of the family, as they will leave the family when they get married. Greater education-related investments are made for boys (Barcellos et al., 2014; Sultana and Zulkefli, 2012).

One of the difficulties faced by nurses due to cultural characteristics was some traditional practices specific to immigrant families' cultures that cause difficulties in providing care to the infant. Families tend to maintain traditional practices in baby care regardless of the education provided. Studies in the literature indicate that various traditional practices are used in the care of infants (Kayombo, 2013; Le et al., 2014; Polat et al., 2015; Soofi et al., 2012). Some of these practices may pose a risk to the health of the newborn. The literature states that the practices that can result in kernicterus such as keeping the baby in a dark room (Le et al., 2014); using yellow items when providing care to the baby (Polat et al., 2015) are used for the treatment of neonatal jaundice. The literature states that the practices that can result in sepsis such as applying oil, lead-based materials, or charcoal for umbilical cord care (Soofi et al., 2012). The nurses in the current study stated that they face difficulties in changing the baby's diaper. Regional and cultural variables affect diapering the infants and the frequency of changing the diaper (Thaman and Eichenfield, 2014). The frequency of changing diapers is among the factors affecting the occurrence of diaper dermatitis (Tüzün et al., 2015). In developing nations, some traditional beliefs and practices are barriers to complicating the provision of care by the neonatal intensive care staff (Martinez et al., 2012). The findings of the current study are parallel to this result.

In addition, the neonatal nurses stated that the education provided to parents was ineffective due to their low education levels. The nurses experienced difficulties explaining the rules about entering the unit to parents and family members. The studies with immigrant families in the NICUs found that nurses were aware that they were giving insufficient information to the parents about the baby's care and difficulties for the parents and close family members to participate in the care of the baby (Wiebe and Young, 2011; Patriksson et al., 2017). Martinez et al. (2012) determined that low education levels of parents are described by the neonatal intensive care staff as difficulty in providing care (Martinez et al., 2012). The findings of that study are similar to those of the current study.

Gender discrimination against girls was among the culture-related barriers. In developing countries, gender discrimination against girls is experienced in the very first days of life. For example, parents spend more time on caring for male children than for female children, and male children are fed with breast milk for longer periods of time (Barcellos et al., 2014). Girls are not considered a permanent part of the family, as they will leave the family when they get married. Greater education-related investments are made for boys (Barcellos et al., 2014; Sultana and Zulkefli, 2012). Gender discrimination related

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to socio-cultural reasons manifests as ignoring female children in this study. Parents do not tell the healthcare professionals about the existence of a family disease which the baby's sister has, as they ignore their female child. Thus the diagnosis and treatment processes for the infant is delayed. The neonatal nurses stated that the education provided to parents is ineffective due to their low education levels. The nurses experience difficulties explaining the rules about entering the unit to parents and family members. Wiebe and Young (2011) conducted a study with immigrant families and found that various limitations in the NICUs are considered a difficulty by the parents and close family members participating in the care of the baby (Wiebe and Young, 2011). Martinez et al. (2012) determined that low education levels of parents are described by the neonatal intensive care staff as a difficulty in providing care (Martinez et al., 2012). The findings of that study are similar to those of the current study. Some traditional practices specific to immigrant families' cultures also cause difficulties in providing care to the infant. Families tend to maintain traditional practices in baby care regardless of the education provided. Studies in the literature indicate that various traditional practices are used in care of infants (Kayombo, 2013; Le et al., 2014; Polat et al., 2015; Soofi et al., 2012). Some of these practices may pose a risk for the health of the newborn. The literature states that the practices that can result in kernicterus such as keeping the baby in a dark room (Le et al., 2014); using yellow items when providing care to the baby (Polat et al., 2015) are used for the treatment of neonatal jaundice. The literature states that the practices that can result in sepsis such as applying oil, lead-based materials, or charcoal for umbilical cord care (Soofi et al., 2012). The nurses in the current study stated that they face difficulties in changing the baby's diaper. Regional and cultural variables affect diapering the infants and the frequency of changing the diaper (Thaman and Eichenfield, 2014). The frequency of changing diapers is among the factors affecting the occurrence of diaper dermatitis (Tüzün et al., 2015). In developing nations, some traditional beliefs and practices are barriers complicating the provision of care by the neonatal intensive care staff (Martinez et al., 2012). The findings of the current study are parallel to this result.

The limitations of this study are that the study was conducted at one center and with nurses who provided care only to immigrants who had originated in the Middle East. Therefore, the results of the study cannot be generalized.

Conclusion and Recommendations

The results of the study indicate that neonatal intensive care nurses experience difficulties while providing care to infants of immigrant families due to language problems and cultural reasons affecting health-related beliefs and practices of the individuals. Cross-cultural care is an important part of holistic care and is a very significant concept for individuals to receive care to culturally appropriate standards. Required support should be provided for the neonatal intensive care staff to determine the cultural features of the individuals to whom they give care. This will allow the individuals to get more qualified care. A sufficient number of professional interpreters should be assigned to overcome language problems. Considering the fact that the number of immigrants is rapidly increasing, national and international policies on healthcare should be developed for more qualified care.

Ethics Committee Approval: Permissions of the Research Ethics Committee for Non-Invasive Clinical Studies of the Pamukkale University (approval number: 60116787- 020129028).Verbal and written consent of nurses for voice recordings was obtained before the interviews.
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What did the study add to the literature?

- It is believed to help highlight the difficulties that NICU nurses face when working with immigrant families.
- It aims to be a guide for caregivers working with immigrant families by pointing out that cultural beliefs and customs can adversely affect the health of newborns.

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