Providers' Expressed Need to Care for Somali Families:

A Case Study of Children's Hospital and Regional Medical Center, Seattle

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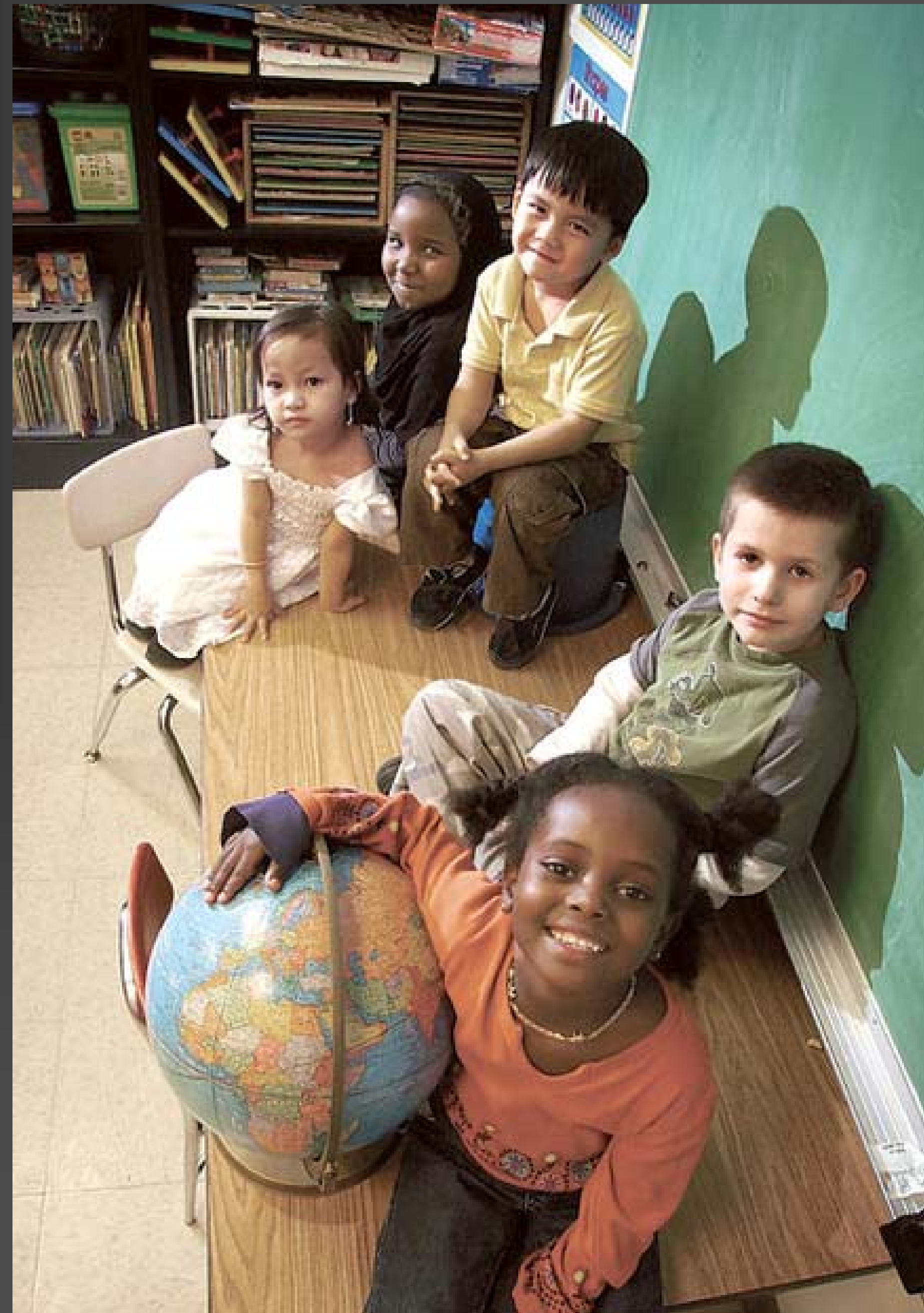
Introduction

- By the year 2020……
- Refugees from Africa represent one of fastest growing populations in US
- Pediatric providers serve as key link between communities and systems



Seattle Children's Hospital & Regional Medical Center

- Committed to Family-centered care
- Significant Somali patient population; WWAMI
- Primary source of emergent and primary care
- Somali families = "indicator group"

Why care about this?

Culture sets Norms

- Behavioral , Social, Medical

And Normal is relative

Study Aim(s)

Primary Aim:

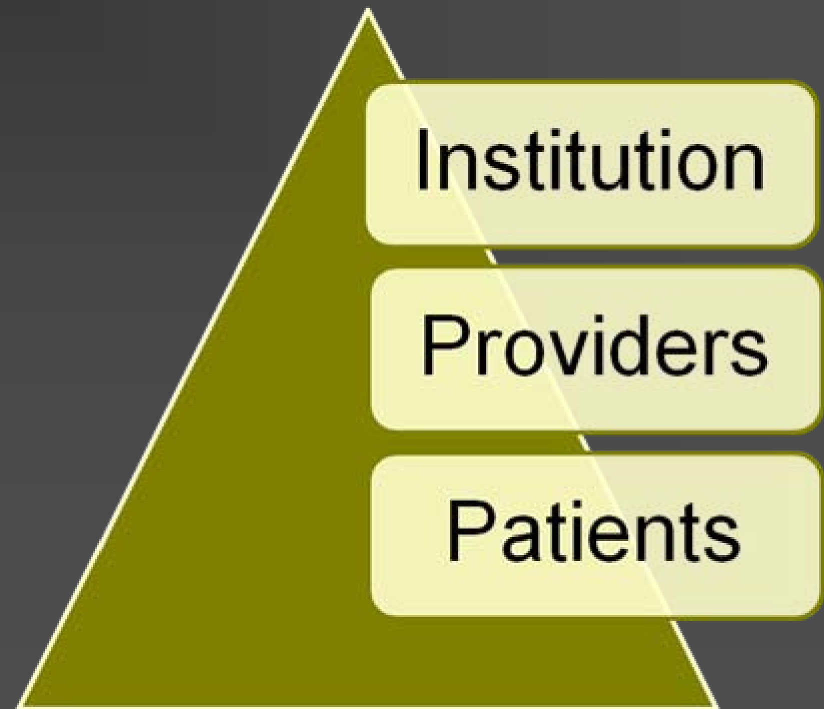
Further the development of cross-cultural care practices on an institutional level

Research Question(s)

1. What are the needs of providers in caring for Somali families?
2. How can Children's best support providers in having these needs met

Specific Contribution to Field

- Present literature focuses on pre-professional training, or patient needs
- Integration of professional needs, *in practice*
- Multi-level approach:



Methods & Data Analysis

- Conducted 19, semi-structured Interviews
- 6-item Demographic Survey
- Analysis/coding:
  - Knowledge
  - Resources

Interview Guide: Categories
Professional Background
Prior Cross-Cultural Training
Clinical Experience with Somali Families 1.Communication 2.Challenges 3.Required Knowledge
Resource Improvement 1.Micro 2.Macro

Key Provider Demographics

Variable	**% (N=19)**
Race: **Caucasian**	95 %
Age: **35-44 yrs**	42%
Gender: **Female**	94%
Professional Affiliation: **Registered Nurses**	51%
Length of Practice: **> 5 years**	75%
Frequency of Contact with Somali Families: **Annual**	37%

Results: Prior XC Training

Prior Cross-Cultural Training/Experience *	**N=19**	**%**
Limited training/exposure	4	21%
Coursework in graduate school	7	37%
Field experience	5	26%
International Experience/Peace Corps	4	21%
Personal/Ethnic/Cultural Background	2	11%
Self-directed learning	2	11%

*percentages total > 100

“What Knowledge/Learning has Best Prepared Providers”

Experiential Learning

…….Most of my competency comes from living in another culture.... what is normal for people is radically different depending on what their outlook is and where they’re from

- Awareness of personal culture, Assumptions

“Understanding Patient Healthcare Expectations”

Medical care

……when you think about what they’re expecting, they’re expecting a miracle…
they’re thinking, ‘this is the magical United States where we can do anything and we can fix anybody’

Role of Provider (Nursing)

…….In other countries provider/patient relationship is so slim that there are mostly doctors, hospital set up is so different, nurses don’t do important care

“How to Support Cultural Practices”

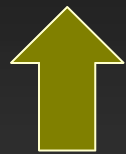
Community life-style

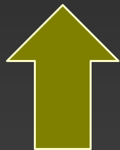
…..if someone (patient) comes in larger group, how to deal with that, because most of provider training focuses on working with patients one on one

Faith-based practices

….If I come in and a family is praying, what should I do?

Resources/Mechanisms

 Institutional Support

 Practice-based Training

- Parent panels
- Case- studies
- Increase training/internships

Discussion: What are the lessons to learn?

Pediatric providers may require greater <u>direction</u> than currently given

- Interpersonal
- Institutional
- Knowledge
- Resources

Limitations

- Provider perspective only
- Non-representative sample of providers
- Format of data collection

Implications for Children's & MCH Policy

Short-term

- Practice-based, cross-cultural training
- Multi-disciplinary

Long-term

- Multi-level approach
- Organizational "Cultural Safety"

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