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An Innovative Education Strategy in a Migrant Farm Community [Community Health Strategies]

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Outline

- Leininger's Model of Synergistic Client-Provider Health Care
- Problem-Based Inquiry
- Application of PBI and LSM in a Migrant Farm Camp
- References

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An Innovative Education Strategy in a Migrant Farm Community

As the population of the United States becomes more culturally diverse, nursing students need experience in clinical settings that reflect this diversity. A community-based care setting, such as the migrant farm camp described here, is one approach to help students develop cultural competency.

Leininger's Model of Synergistic Client-Provider Health Care¹

Leininger's Sunrise Model (LSM) provides a framework for examining health and nursing from a worldview perspective. ^{1,2} The model provides a unique and important conceptual, theoretical, and research approach to the study of nursing, culture, and health. Emphasis is given to the culture of both client and provider; thus the synergistic effect of life experiences and social adaptation are examined within a holistic framework. A major objective of the model is to improve and advance the quality of care to people through deliberate and creative use of transcultural knowledge. When values, beliefs, and lifestyles of both client and provider are congruent, partnerships develop that ultimately enhance the health of individuals, families, and communities. ³ Thus, culturally congruent nursing care results from the reciprocal acknowledgment between provider and client.

According to LSM, health providers and clients examine each other in an environmental context with which they are familiar. To successfully provide culturally congruent nursing care using this model, themes of preservation/maintenance, accommodation/negotiation, and repatterning/restructuring between client and provider are integrated within the model's seven components: (1) technology; (2) religion; (3) kinship; (4) cultural; (5) political; (6) economic; and (7) education.

Problem-Based Inquiry⁴

Problem-based inquiry (PBI) is an interactive approach to critical thinking and clinical judgment and emphasizes both a collaborative and realistic knowledge base. Unlike traditional teaching/learning processes, student and facilitator in PBI mutually identify learning needs and subsequently create an environment conducive to acquiring new knowledge and solving problems. Both learners and facilitators are encouraged to use innovative approaches; emphasis is on continuous development of knowledge based on actual clinical problems in the environment and the resources available to respond to these problems. Risktaking and working with clients in a direct collaborate problem-solving manner is promoted. ⁴

Application of PBI and LSM in a Migrant Farm Camp¹

Senior baccalaureate students from an NLN-accredited nursing program in the southern United States responded to a call to assist community health providers in planning, implementing, and evaluating

healthcare to migrant farm workers during the summer harvest season. Eleven students and two faculty members were immersed in the situation for 2 consecutive weeks to meet both the required community nursing course outcome criteria and the needs of the community. Students used the PBI learning format to meet course objectives through the successful completion of a community assessment, family profile record, and a legislative project. Public health records, review of previous assessments, literature reviews, census information, use of the World Wide Web, and interviews with key community informants were all used to fulfill course requirements. Didactic material was integrated during the clinical experience as the students identified knowledge deficits related to fulfilling health and social needs of the migrant community. Rather than an emphasis on teaching problem-solving skills, faculty expected students to solve problems in partnerships with over 200 hundred migrant farm workers and their families, health providers and agencies serving the area, and other interested people within the community.

The students discovered that migrant farm families were insistent on preserving their language and cultural base and did not want to be forced into speaking English to receive health services. In response to this, a bilingual nurse of Hispanic origin was hired from the larger community and included in the project. Students sought information outside the course to add to their knowledge of migrant farm communities. Working with assigned migrant farm families needing nursing services, students served as both health providers to optimize wellness and advocates to ensure access to appropriate community resources. Mutual decision-making by students, community leaders, health providers and the migrant farm workers resulted in maintaining the clinic's focus on health promotion and risk-reduction activities. For example, students negotiated with the migrant families and social agencies to insure immunizations, treatment protocols, risk-reduction activities, and health promotion behaviors were followed and made accessible to all.

The migrant farm families accommodated primary care practices when visits were scheduled to the fields during working hours and to residential areas during evenings and weekends. Intense negotiation among the participants was an essential component in optimizing healthcare and resources while meeting the needs of the community and students. The restructuring of available resources to address the concerns of the migrant farm family as well as repatterning values on health and culture was effective in maximizing economic and social resources. Emphasis was placed on seeking care outside the emergency department and through expanded visits by the nurse practitioner and clinic nursing staff by restructuring patterns of behavior. Efforts were made to incorporate suggestions from leaders within the migrant farm community before the establishment of services.

Evaluations from the students in this experience and from the migrant farm community were enthusiastic and supported the LSM and PBI approach. Especially significant was increased participation by the migrant farm community in health issues. For example, tetanus immunizations increased dramatically when the nursing staff made visits to the fields during working hours rather than having the farmworkers leave the field without pay to visit the clinic. More patient educational material was presented in Spanish, efforts were made to expand clinic hours, and Spanish language training was provided to the clinic staff. Also noteworthy was the increased sensitivity of migrant farm families to the logistics of providing comprehensive healthcare to the community and the addition of farmers to the community action board. Open communication from this learning experience facilitated a mutual understanding of the problems and lack of resources among all participants. The students stated they gained insight into their own personal biases, expressions of care, and health belief systems as they realized quickly that people from other cultures did not fit into their own health paradigm of primary care.

References¹

1. Leininger M. *Cultural care diversity and universality: A theory of nursing*. New York: NLN Press, 1991. [[Context Link](#)]
2. Leininger M. *Transcultural concepts: Theories, research, and practices*. 2nd ed. New York: McGraw Hill, Inc., 1995. [[Context Link](#)]
3. Barton J, Brown N. Evaluation study of a Transcultural learning model. *Public Health Nursing*. 1992;(9):234-41. [[CINAHL Link](#)] [[Context Link](#)]
4. Heliker D. Meeting the challenge of the curriculum revolution: Problem-based learning in nursing education. *J Nurs Educ*. 1994;(22):45-47. [[CINAHL Link](#)] [[Context Link](#)]



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