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The Experiences of Migrant Health Nurses Employed in Seasonal Satellite Nurse-Managed Centers: A Qualitative Study

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This research study describes the unique experiences of nurses who are employed in migrant health seasonal satellite nurse-managed centers in the upper Midwest. Data were generated through semistructured interviews with 10 seasonal nurses. Phenomenology served as the research method. Four themes were identified including seeking seasonal employment, establishing migrant seasonal satellite nurse-managed centers, learning the culture of Hispanic migrant farmworkers, and referring Hispanic migrant farmworkers for medical care. During their seasonal employment, nurses learned to establish and operate satellite nurse-managed centers. Due to the migrant health nurses' daily contact with their clients, they were able to establish rapport that led to a trusting relationship. This enabled them to provide culturally sensitive and lifestyle appropriate care to the migrant farmworker population.[1]

Migrant health centers located throughout the United States provide quality and appropriate health care for the nation's migrant and seasonal farmworkers and their family mem-

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bers. The Migrant Health Program strives to provide comprehensive, culturally competent, primary care services. There are 125 public and private nonprofit organizations that support the development and operation of 400 clinic sites throughout the United States and Puerto Rico (Migrant Health Programs, 2002). These clinics are either medically based clinics with physicians on site or nurse-managed centers that employ either registered nurses or midlevel practitioners (M. Martinez McKay, personal communication, December 22, 2000). Many of these 400 clinics are seasonal centers open while the migrant and seasonal population are in the area for temporary agricultural employment.

The purpose of this study was to describe migrant health nurses' employment and educational growth during a short 3- to 5-month, intense seasonal experience. Little has been documented about nurses who provide care to a Hispanic migrant or seasonal population in satellite nurse-managed centers. For clarity in this article, the word *Hispanic* will be used to denote individuals whose heritage is Mexican American or Mexican and the term *migrant farmworkers* will encompass both migrant and seasonal farmworkers.

REVIEW OF LITERATURE

In 1962, the Migrant Health Act established the Migrant Health Program which created a system of health care services specifically for farmworkers who work or live in rural, agricultural communities (Migrant Health Programs, 2002). These health centers are accessible to migrant farmworkers who move and work throughout the United States (Migrant Health Programs, 2002). Of the 125 organizations receiving Migrant Health funds, 20 are designated as voucher programs. These programs provide vouchers for pay to area health care providers, thus supplementing access to primary care services for migrant farmworkers (Slesinger & Ofstead, 1996).

When providing services, migrant health voucher programs typically take the form of one of three models: the services coordinator model, nurse staff model, or midlevel practitioner staff model. Depending on the needs, local resources, and type of organization administering the grant, agencies may use one model or a combination (Castro,1996). In migrant health voucher programs, nurse-managed centers (staff nurse model or midlevel practitioner model) allow professional nurses to provide direct access to care, education, health promotion, and health-related research. These are ambulatory care or outpatient clinics in which nurses are both the health care providers and clinic managers (Fehring, Schulte, & Riesch, 1986). In migrant health nurse-managed centers, registered nurses practice autonomously in community-based centers (Clear, Marlow Starbecker, & Kelly, 1999) under a set of protocols that requires physician input and collaboration (Phillips & Steel, 1994). Based on the client assessment and the protocol utilized, the nurse either treats the individual or refers them to a local health care provider. Nurses who provide care in these migrant health nurse-managed centers form collaborative relationships with local providers to advocate for clients' health care needs.

In the United States, it is estimated that 50% of the migrant farmworkers are Hispanic; 35% are African Americans; and 15% are Asian, White, or other (Migrant Health Program, 2002). In 1986, the median education level for the head of a migrant household was 6 years (National Center for Farmworker Health, 2002), and fewer than half spoke English. Migrant farmworkers as a group are disproportionately young and poor (Slesinger, 1992), and the majority earn annual wages of less than $7,500 (National Center for Farmworker Health, 2002).

Migrant farmworkers usually do not have enough money to pay for medical care nor do they have health insurance due to temporary employment. Many families are financially eligible for assistance programs such as Medicaid, Aid to Families with Dependent Children, and Social Security Insurance, but few actually obtain these benefits because of their mobile lifestyle or fluctuation of income during the agricultural season. Also, many migrant farmworkers mistakenly believe they are ineligible for these benefits so they do not apply (National Center for Farmworker Health, 2002). In attempts to meet these needs, migrant health centers provided services to more than 600,000 farmworkers in 1999 (Migrant Health Program, 2002). However, it was estimated that they were reaching fewer than 20% of the nation's farmworkers (National Center for Farmworker Health, 2002). Many farmworkers are reluctant to seek medical care, are unavailable for day appointments, and have a lack transportation, funds, or supervised child care (Reinert, 1986; Sandhaus, 1998). Economic pressures make them reluctant to miss work for health care services because they are not protected by sick leave and risk losing their job (National Center for Farmworker Health, 2002). In addition to financial and legal barriers, culture and language may present further challenges for migrant farmworkers.

Hispanic migrant farmworkers have some commonalities that distinguish them as a cultural group. Such characteristics include Christianity (Catholicism, Protestant, and Pentecostal), extended family systems, distinct gender role differentiation, a high value of respect for self and others, patriarchal hierarchy, and fairly common reliance on folk healing (Kavanagh, 1995; Purnell, 1998). Work and lifestyle revolve around *la familia* or strong family interactions. This concept refers to the needs of the collective family superseding those of the individual. Strong bonds exist between *compadres* or friends and extended family members who provide assistance and support to one another. Interactions that demonstrate *simpatia* (positive, up-beat relationships), *personalisimo* (friendliness, trustworthiness, and caring attitudes), or *respecto* (respect) enhance trust and build rapport between individuals (Caudle, 1993).

During the1998 summer season, nurses in the upper Midwest migrant seasonal satellite nurse-managed centers provided health and educational services to 6,134 Hispanic migrant farmworkers and their family members: 1,225 men, 1,729 women, and 3,180 children (ages 0 to 7) in affiliation with federally funded migrant school programs. Farmworkers visited these nurse-managed centers for acute, chronic, and wellness care. The five most frequent medical reasons for their clinic visits were diabetes, hypertension, prenatal care, coughs and colds, and toothaches. Health promotion was encouraged

through well adult exams and in conjunction with federally funded migrant school programs for well baby and child exams (A. Gunvalson, personal communication, November 8, 2001). Based on nurse assessment, if these clients needed medical attention, voucher payments were provided for appointments with area health providers. In addition, these nurses made visits to the migrant farmworkers in their temporary homes. Through these home visits, nurses were able to view the client and family in the context of their residence, which provided them with valuable insight when planning interventions or advocating for health issues.

METHOD

Design

The phenomenological qualitative research design was chosen for this study. The aim of phenomenology is to describe the essence of phenomena, based on meditative thought, with the purpose of promoting human understanding (Omery, 1983). In phenomenological inquiry, the tradition is for the researchers to understand the meaning of lived experiences of individuals being studied about a concept or phenomena. This emphasizes the subjective aspect of the behavior. The goal is to provide an accurate description of the phenomena being studied. To prevent personal and theoretical biases from entering the processes of data collection or analysis, the researchers need to rely on intuition, imagination, and universal structures to obtain an understanding of the experience (Creswell, 1998; Knaack, 1984; Morse & Field, 1995).

Participants

The convenience sample consisted of 10 female nurses who were selected from 6 of the 11 seasonal satellite nurse-managed centers in the upper Midwest. All of the nurses were White and spoke primarily English, although 4 reported they were able to speak a limited amount of Spanish. Their mean age was 42 years with a range from 22 to 68 years. Their educational level ranged from licensed practical nurses ($n = 2$) to registered nurses ($n = 8$) with master's degrees. Of the registered nurses, 3 were masters' prepared, 3 were baccalaureate, 1 was a diploma, and 1 was an associate degree.

It was the first summer of employment for 2 of the nurses in seasonal satellite nurse-managed centers. Eight of the nurses returned for seasonal employment, and the number ranged from 2 to 8 summers, with an average of 4.7 seasons. Eight of the nurses interviewed were employed in centers opened for 3 months, whereas the other 2 worked in a center opened 5 months of the year. During the nonmigrant season, 3 nurses were employed

in the hospital setting, 2 were university faculty, 2 were employed in the public school system, 1 was employed in a community health agency, and 2 nurses were not employed.

Data Collection

Data was collected using a semistructured interview guide with open-ended questions. In phenomenological research, informal open-ended and casual interviewing is an appropriate method of data collection because it provides a situation in which the participants' description can be explored, illuminated, and probed (Kvale, 1996; Wiersma, 2000). This type of interview allows the researcher to use such skills as reflection, clarification, requests for examples and description, and the conveyance of interest through listening techniques (Jasper, 1994) to gather the data. Each nurse was interviewed one time, with tape recorded interviews lasting 45 to 90 min. All of the interviews were conducted at one of the seasonal centers.

Data Analysis

The interview tapes were transcribed verbatim by a student nurse. All transcripts were reviewed for correctness and then checked for accuracy against the audiotapes. Minor adjustments were made whenever necessary to ensure the accuracy of the transcriptions. Working as a team, the researchers developed an initial codebook. After several in-depth discussions, some necessary revisions were made to insure conformability and credibility (Rubin & Rubin, 1995). The next stage consisted of reading the transcripts several times to identify the themes of the interviews. Parts of the transcripts were highlighted, and notes were made on the transcripts and separate note cards. The interview data were organized into categories that lead to the identification of four major themes.

FINDINGS

The researchers identified four main themes surrounding the nurses' experiences with seasonal satellite nurse-managed centers: seeking seasonal employment in a Migrant Health Program, establishing migrant seasonal satellite nurse-managed centers, learning the culture of Hispanic migrant farmworkers, and referring Hispanic migrant farmworkers for medical care.

Seeking Seasonal Employment in a Migrant Health Program

Each summer season, this upper Midwest Migrant Health Program hires an average of 30 nurses to work in their seasonal satellite nurse-managed centers. The annual return rate is

70% for these nurses (C. Keney, personal communication, April 16, 2001). The rural setting of these centers, the seasonality of the nursing positions, and the lack of nurses' awareness regarding the center's existence along with the services provided presents a challenge in recruiting nurses for some of the sites.

Recruitment methods for these nursing positions included advertising in local newspapers and the quarterly state nursing association publication, posting flyers at area universities, and word of mouth. Five of the nurses responded to newspaper advertisements even though some were unaware of the services provided by migrant health. As one nurse reflected, "I saw an ad in the paper ... I hadn't known much about it, until I came to the interview." Two of the nurses applied for nursing positions after learning about this Migrant Health Program from other nurses. One nurse stated, "I worked with a nurse who had worked with migrant health years ago and she had always told me how much she enjoyed it. It was something that I had always wanted to do." Another nurse learned of the opportunity for seasonal employment with this Migrant Health Program from a posted flyer:

> I read about it on a flyer that was posted at a college of nursing, that was when I was a nursing student .... I think I saw it my first year here, and I just thought when I graduate from nursing school, I want to work there because I speak a little bit Spanish. I am just, I am really interested in the Hispanic culture.

Four of the nurses were employed during the school year in either a university setting or the public school system. This Migrant Health Program provided these nurses with an opportunity for seasonal employment during the summer and to expand their practice into the rural community setting. Two of the nurses were specifically looking for seasonal employment. One nurse recalled, "I was quitting my job and I knew Migrant Health goes through the summer and I wasn't sure what I wanted to do." The other nurse added, "I wanted to work during the summer while he [interviewee's husband] was off so that he could tend to the kids." Another nurse who worked in the university setting decided to expand her practice area into the community, "I have essentially worked in an institution [hospital and nursing home] and I needed a community focus."

Another aspect of expanding their nursing practice included the desire to work with clients from a different cultural background. In the upper Midwest, this Migrant Health Program is one of the few health care settings that provide services only to a minority population. Their desire to work and learn about the Hispanic migrant farmworker population is eloquently stated by one nurse:

> I have always thought I was fairly understanding of any culture, but it makes you realize [when working with this population] how narrow sometimes your focus can be and how you need to broaden your horizons. I just love working with them [migrant farmworkers].

Another nurse stated, "I speak a little bit of Spanish ... and I am really interested in the Hispanic culture."

Establishing Migrant Seasonal Satellite Nurse-Managed Centers

This Migrant Health Program's central office staff is responsible for hiring seasonal staff, securing office space for the centers, sending needed supplies, and providing ongoing support for staff at satellite nurse-managed centers. Each summer season the nurse-managed centers serve an estimated 6,000 migrant farmworkers and their family members. These nurse-managed centers are staffed with seasonal nurses, bilingual health outreach workers (BHO), and an office manager.

Two urban and eight rural sites for Migrant Health nurse-managed centers are rented on a seasonal basis, usually from 3 to 6 months. Building locations are discovered through realtor agents, Chamber of Commerce, nurses who work in the area, and by word of mouth. An obstacle in locating clinic sites is the short-term need for space when most landlords prefer at least a 6-month lease (J. Heinz, personal communication, April 16, 2001).

After a 2-day orientation provided at the Migrant Health Program's central office, seasonal staff members began their employment in their designated center. Prior to the opening of the satellite nurse-managed centers, client charts, clinic equipment, and office supplies were delivered by the truckload. When designing the nurse-managed center, seasonal staff were given 1 day to set-up and organize a working clinic from boxed supplies and equipment.

Many nurses felt overwhelmed when initially designing their center because of unpacked supplies, unorganized space, and the limited set-up time. One nurse stated, "I hadn't worked Migrant Health [before] and we were 'the blind leading the blind.'" When organizing their center, several of the nurses relied on previous staff who were experienced in setting up seasonal nurse-managed centers. Another nurse stated, "I had one new BHO and all the rest was from the years before so they knew ... the routine."

In addition, the nurses soon learned that challenges went beyond the usual community nursing roles. They were often instrumental in assuring services such as basic utilities for their clinics. The following quote eloquently illustrates the nurse's thoughts and actions on her set-up day:

> There was no running water, no electricity and the rooms were filled [with boxes, equipment, and furniture left by the previous tenant] and I thought how are we going to make a clinic out of this .... It was nice to have returning staff and she was very helpful because we right away called the city and got the water hooked up and the electricity so within 3 or 4 hours, we kinda had to work as a team ... and we had to organize everything. They weren't ready for us to be there and they should have been

> but we just took it in stride ... and the maintenance guy . came and gave us mops to clean the floor and set-up the clinic.

Learning the Culture of Hispanic Migrant Farmworkers

During staff orientation at the Migrant Program, a brief overview of Hispanic culture and the provision of care to the migrant population was provided to the seasonal nurses. Many of the nurses returned for seasonal employment so they had experienced cross-cultural interactions with the Hispanic migrant population, and they were aware of the cultural differences that must be respected and understood to have successful and effective interactions (Purnell, 1998). Once the nurse-managed centers were organized, these nurses worked with the Hispanic BHOs to find ways they could make the setting culturally inviting. They speculated that having Hispanic artifacts such as art, wall hangings, blankets, and music would increase the migrant farmworkers comfort level in visiting these centers. The following quote depicts one way a nurse described aspects of the Hispanic culture in the center:

> She [BHO] hung her blanket that she had gotten from Mexico ... .We had music playing that was of their culture and I loved that. We integrated a few little things that I thought really made it more of an atmosphere.

The modification of this waiting room was an attempt made to provide a comfortable gathering place for clients and their families. In another center, migrant staff modified the clinical environment to welcome clients and their families:

> [In] the waiting room, we have the coloring pictures that the kids have done, which really kind of pulls the family together and all the families kind of come and point to the kids' pictures and they know each other.

In the Hispanic culture, the family is the most important source of emotional and physical support for family members when they become ill. In addition, the extended family plays an important part in making decisions regarding health care issues (Adams, Briones, & Rentfro, 1992). When providing care to the migrant farmworkers, the nurses began to understand these values while they reflected on their own cultural norms. The following quote depicts how one nurse compared family norms of the two cultures:

> I was very impressed by the family oriented nature of the Hispanic culture, and I think just coming from the culture I come from where you are, you know, very much encouraged to go away from your family and not have very much to do with your family. I thought it was really nice how they really take care of their family mem-

bers. And you know, even their nephews and nieces and aunts and uncles ... extended family.

Another way these nurses were able to assess family interaction was through home visits. These visits were valuable because they allowed the nurses to comprehensively assess and plan care for the migrant client and their family, while developing rapport as depicted by one nurse:

You [have to] develop a trust, but it almost takes them awhile to know that you are really there for them. After you make a few home visits and you are really there and you develop a relationship, I think that is when things begin to flow.

Another nurse described the availability of the nurses and the support they provided when making home visits to migrant farmworkers. For example, one nurse recalled a client who needed to be taught how to give herself insulin injections:

[We did home visits] for a week .... We [nurse and BHO] went out there every day. Otherwise, I don't think she would have continued to give [herself] the shots. We went out in the morning and the evening, even Saturday and Sunday, someone had to go because she just didn't feel comfortable yet.

One nurse described her home visits to the migrant families as very positive experiences as stated in the following quote:

[The families] are very appreciative of what you do for them and they are very respectful of the nurses .... We have been out on home visits 3 to 4 times ... they are always pleased when you come to their home.

In the Hispanic culture, rapport with clients is developed by utilizing relevant cultural values such as the need for positive, smooth, interpersonal relations and pleasant conversation that takes time but enhances communication (Caudle, 1993). It is through the use of these two values that nurses developed a closer relationship with the migrant clients as reflected by one nurse:

When they stop in ... they want to report to me specifically. [They tell me] "I have been doing what you have said." I find it so rewarding, you know, to me it is, it is wonderful.

In order for migrant farmworkers to feel welcomed and understood in nurse-managed centers, a conversational style utilizing the cultural values should be encouraged (Erzinger, 1991). When providing care to migrant clients, health care providers should not use a fast

paced, authoritative style (Adam, Briones, & Rentfro, 1992). For example, when migrant health nurses are developing a sense of trust with Hispanic clients, they should open the visit with inquires about family members (Purnell, 1998). Nurses who are attentive and take time with their clients are able to provide personal and friendly care (Zoucha, 1998). Migrant health nurses believed client interactions were more effective when visits were conducted in a relaxed, informal, interactive mode. Another nursed recalled:

> I asked him if he had time to come in the afternoon for more diabetic teaching ... so I spent ... time with him ... and when I got done, he said, "You are the nicest nurse I have ever met." He said, "Most people do not have time to tell, teach me as much as you have." They appreciate that time. He said "Everybody is always in a hurry." So he stayed with me and he is telling me that I am so wonderful because I spend time with him.

Through interactions with migrant clients in the nurse-managed centers and home visits, care is provided on a more personal level, which allows the nurses to form positive lasting relationships with them. These relationships are significant for continued rapport and the provision of care when the migrant population return the next season. Many times when migrant clients return to the area, they will visit the nurse-managed center, looking for the specific nurse with which they have formed a special relationship. One nurse remembered a couple that she had worked with the previous summer, who stopped by the center looking for her. The following quote exemplifies their relationship with the nurse and their appreciation for the care provided:

> They had to come and see me right away and give me a hug. They had to bring me onions, they are so appreciative. They are very appreciative of what you do for them. And they are very respectful of the nurses.

Referring Hispanic Migrant Farmworkers for Medical Care

In the provision of care to the migrant farmworkers, there needs to be an ongoing relationship between the migrant health nurses and local health care providers. Each year this relationship begins after the initial set-up of migrant health seasonal satellite nurse-managed centers. The nursing supervisor calls area health care providers to introduce staff and to inform them of the services provided at the center. As the relationship develops throughout the season, health care providers request information from migrant health nurses on the financial needs, lifestyle, and health care issues of the farmworker population.

In this Migrant Health Program, vouchers covered a set dollar amount per month for medical services and medications. If the migrant farmworker had a chronic condition such as diabetes or hypertension, this set amount did not cover all the medical costs.

Many of the nurses collaborated with pharmacists and physicians to creatively meet the needs of farmworkers. One nurse recalled this specific case:

> For a hypertension med, it was $82.00 for one month and he needed it and the other drug that he was on was $30.00 and they went over [their set amount] ... our office manager was telling him, by the 15th you can have another $100 but not until then. I said he needs enough, how much does he have left? Well he has just $60.00. I said he needs enough to fill part of the [prescription] so he doesn't quit a day of this. If you don't realize that if you quit two days, what kind of damage can be done with hypertension. He needs to continue with his meds. I was at the desk after the end of the conversation. I said get what you can, I have already talked to the pharmacist, Dr. __ will fill this.

Although relationships were formed with health care providers, there were certain instances when the migrant health nurses were frustrated with the provision of care. For example, two nurses relayed incidences of doctors telling clients, "Oh you are fine, go home" and "You don't have it, it is in your imagination." These nurses believed because of the increased prevalence of chronic illness in this population along with the decreased access to quality care, health care providers needed to take medical needs of the migrant clients more seriously instead of "brushing them off."

One nurse recalled a situation in which the client had abnormal blood glucose levels. This client visited the nurse-managed center for blood glucose checks and diabetes education. With diet changes, he significantly improved his blood glucose levels. The client was motivated for self-management of his diabetes and requested a home blood glucose monitor. At the time of this interview, home glucose monitors were only available through medical assistance with a physician prescription, therefore the migrant health nurse referred him to a local physician. During the clinic visit, the physician stated, "You are fine, you don't have diabetes." As follow-up on this client, the migrant health nurse called the physician's office and spoke with his nurse. She recalled their conversation and her frustration at the lack of understanding demonstrated regarding the client's health care and financial needs:

> She said, well he can come in and get checked by us that is just as reliable. And I [Migrant Health Services nurse] said, but this man cannot come in that often because he has to work and when he goes back to Texas then they don't get the assistance to go to the doctor.

Another nurse recalled a case where the wife had cardiac problems and the husband also had health problems:

> She wasn't feeling well and hadn't been well in Washington and had problems but she didn't trust the doctor in Washington and her husband had problems also. So I

> was listening to her heart and something wasn't right ... so we sent the lady to the doctor and she indeed did have heart trouble. He [husband] had a lump, I am sure it was some kind of tumor and he said the doctor in Washington told him there was nothing he could do about it. Which made no sense at all. I said, we can refer you to a doctor. The doctor ... removed it and that was the end of it. Then he was done and healed and all was said and done. So some simple things that we can do really make an impact on somebody.

DISCUSSION AND RECOMMENDATIONS

There is a lack of documentation in the current literature for research on how to recruit and educate nurses to develop and work in seasonal satellite nurse-managed centers that provide care to the farmworker population. There are an estimated 600,000 migrant farmworkers who travel to the United States for temporary employment (Migrant Health Program, 2002). Nurses who work in the seasonal satellite nurse-managed centers need to provide culturally sensitive assessments that include evaluation of health, education, income, degree of acculturation, level of participation in traditional culture, and access to social support (de Leon Siantz, 1994). These nurses are not only health educators but they have a role in assisting the farmworker population in negotiating a complex and dynamic health care system that can be unfamiliar to them. In addition, there is a critical need for these nurses to advocate in the community and politically for a population that has little economic or political power (Gwyther & Jenkins, 1998).

This study addresses the issue of recruiting nurses to work in seasonal satellite nurse-managed centers. Research findings confirm the assertion of Phillips and Steel (1994) that nurses drawn to nurse-managed centers are most likely seeking challenging settings in which they can expand their clinical competence while learning about another ethnic group. When recruiting seasonal nurses, Migrant Health Programs should emphasize qualities such as the autonomy of nurse-managed centers, community based nursing care to underserved cultures, and temporary employment.

Designing and organizing seasonal satellite nurse-managed centers was overwhelming especially for newly hired nurses. Because this is such a short, intense seasonal experience (3–5 months), Migrant Health Programs operating these centers should provide specific detail and orientation on the set-up, organization, and flow. Basic guidelines for the center design should be provided at the initial orientation and in Migrant Health Programs' staff manuals.

Many of the nurses learned informally about the Hispanic culture from previous migrant health staff, Hispanic BHOs, and the farmworkers. During seasonal orientation, Migrant Programs should provide an overview of the Hispanic culture and the provision of care to the migrant population. This would allow the nurses to formally learn about cultural values such as the importance of family, preference for positive

up-beat relationships, and the need for friendliness and caring attitudes (Caudle, 1993).

Many of the nurses believed that interactions with migrant farmworkers were more effective when visits were conducted in a relaxed, informal, interactive mode. Nurses who provide care to this population should use a conversational style that is not fast paced or authoritative (Adam et al., 1992; Erzinger, 1991). To develop a sense of trust with Hispanic farmworkers, they should open the visit with inquiries about family members (Purnell, 1998). Nurses who are attentive and take time with their clients are able to provide personal and friendly care (Zoucha, 1998).

In working with Hispanic migrant farmworkers, it is imperative to emphasize the nurses' role as liaison between the farmworker population and health care providers. Due to the nurses' daily contact and establishment of a trusting relationship with their clients, these nurses are well-suited to provide culturally sensitive and lifestyle appropriate care to the migrant farmworkers, along with education to local health care providers.

This study took steps to generate data on the experiences of nurses who are employed in seasonal satellite nurse-managed centers. The findings contribute to the developing body of knowledge about migrant health nurses and nurse-managed centers. Additional research needs to be undertaken with a larger and more diverse sample. This sample is not representative of the population as a whole because participants were from seasonal satellite nurse-managed centers located in the upper Midwest. It is critical for migrant health nurses to have a sound understanding of the migrant farmworker culture when providing care for this population. Due to the short-term operation of these centers, this cultural understanding can be difficult to gain. Future research should explore the development of cultural competence in migrant health nurses who are employed in seasonal satellite nurse-managed centers.

Migrant farmworkers are a unique subculture in need of specific nursing interventions that are directed toward reducing a myriad of health problems (McKenna, 1989). This study underscores the need for skilled nurses to work with and for the farmworker population and the local health care providers through ongoing communication and education.

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