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Cultural care needs of Spanish speaking parents with limited English proficiency whose children are hospitalized: An ethnonursing study

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ABSTRACT

Purpose: Parents' inability to speak English proficiently is associated with communication barriers in the care process of their children, social determinants of health, and poor child health outcomes. Research exploring perspectives of Spanish speaking parents with limited English proficiency (SSP-LEP) whose children are hospitalized in the context of culture is lacking in the literature. The purpose of this study was to explore the cultural experiences, values, and beliefs of SSP-LEP, of Mexican origin, whose children were hospitalized and to understand nurses' roles in providing culturally congruent care.

Design and methods: Leininger's qualitative, ethnonursing method was used for this study. The Theory of Culture Care Diversity and Universality provided a guiding framework. Eleven SSP-LEP, of Mexican origin, participated in interviews conducted in-person and via Zoom. Data was analyzed using Leininger's four phases of qualitative analysis.

Results: Three themes emerged: 1. role of the mother as an ever-present manager of care for the hospitalized child and family, 2. parents' difficult, fearful, stressful, and unknowing experiences in the presence of a language barrier, and 3. expected nursing care that was kind, respectful, compassionate, and attentive.

Conclusions: Lack of knowledge creates hardships for parents who desire to be involved, informed caregivers. Communication in Spanish language is integral to parents' understanding and expected nursing care. SSP-LEP may have negative feelings; yet describe a positive care experience.

Practice implications: Culturally congruent care should incorporate language services for information sharing that facilitates parent participation and decision-making; be kind, respectful, compassionate, and attentive; and promote maternal role maintenance.

Introduction

Health care system and care provider attention to the language needs of Spanish speaking parents with limited English proficiency (SSP-LEP) is integral to the health and health care outcomes of their children. Children of parents with limited English proficiency (LEP) are at risk for health and healthcare disparities and poor outcomes, such as limited access to care (Children's Health Fund, 2016), serious medical events (Agency for Healthcare Research and Quality, 2012; Cohen et al., 2005), increased length of hospital stay (Lion et al., 2013), and increased hospitalization and readmission costs (Agency for Healthcare Research and Quality, 2012). Communication barriers inhibit clear delivery and receipt of information and affect the nurse-patient relationship, assessment of needs, plan of care, and care quality (Giambra et al., 2014; Institute of Medicine [IOM], 2009; Stephen, 2021). Additionally, communication barriers, combined with healthcare institutions' or providers' lack attention to cultural factors may contribute to increased risk for serious patient safety events (Agency for Healthcare Research and Quality, 2012). Effective communication at all phases of hospitalization is necessary for safe, quality care (Institute of Medicine [IOM], 2009; The Joint Commission, 2010) and integral to patient- and family-centered, culturally competent care or care that is responsive to the parent and child's language and cultural needs (Coker et al., 2010; Foster et al., 2016; Institute for Patient- and Family-Centered Care, 2017).

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Despite legal protection from discrimination of services and benefits by the 1964 Civil Rights Act, Title VI, Sec 601: Nondiscrimination in Federally Assisted Programs (Chen et al., 2007), many persons with LEP receiving care in ill-equipped or inattentive US healthcare systems experience healthcare barriers and disparities (Office of Disease Prevention and Health Promotion, 2022). LEP is defined as limited ability to read, speak, write, or understand English (LEP.gov, 2022). English proficiency may be categorized as a person's self-reported ability to speak English as "very well," "well," "not well," or "not at all" (Gambino et al., 2014; Ryan, 2013). Persons who self-identify as speaking English less than "very well" may require language assistance. In the US, nearly one-third (29%) of Spanish speakers age 18 and older speak English less than "very well" (United States Census Bureau, 2020b). The 2020 American Community Survey 5-Year Estimates indicated Spanish speaking households comprised the largest group of households who spoke a language other than English (United States Census Bureau, 2020a). Compared to households in which a language other than English was spoken, Spanish speaking households of Latin American origin were more likely to have less English proficiency, with the largest number originating from Mexico (Gambino et al., 2014; United States Census Bureau, 2021). Given the high incidence of LEP among Spanish speaking persons in the US, need for language services, and association with child health disparities, it is imperative that healthcare organizations and providers understand LEP in the context of parents whose children are hospitalized.

Review of literature

Communication experiences of SSP-LEP

SSP-LEP experienced communication barriers when their children were hospitalized. Communication challenges existed when a language mismatch occurred between the parent and provider (Abbe et al., 2006; Walker-Vischer et al., 2015). The ability to clearly communicate with a provider was integral to care but lacking at times. Key information exchange, care processes included presentation to the emergency department (Grigg et al., 2013), hospital admission (Rogers et al., 2004), discharge education (Samuels-Kalow et al., 2013), provider rounds (Anttila et al., 2017; Seltz et al., 2011), and consent signing (Dahl et al., 2015). Although in-person interpreters were preferred (Garcia et al., 2004; Seltz et al., 2011), telephone (Garcia et al., 2004), video (Lion et al., 2015), and ad hoc (Anttila et al., 2017; Garcia et al., 2004) interpreters were often utilized to bridge the language gap. Boylen et al. (2020) recommended utilization of professional over ad hoc interpreters for improved discharge communication, understanding of diagnosis, and emergency department throughput time.

Feelings of SSP-LEP during their child's hospitalization

Few studies explored feelings of SSP-LEP and of those, results were mixed. SSP-LEP had positive and negative feelings associated with communication when their children were hospitalized. Parents worried that they may misunderstand or fail to receive important information about their child's care, be unable to communicate with the physician, or be unable to participate fully in their child's care (Abbe et al., 2006). Parents participating in patient rounds in a general medical unit (Seltz et al., 2011) and a pediatric intensive care unit (Zurca et al., 2017) reported feeling unempowered, frustration, fear, and other negative feelings; whereas, in a study by Walker-Vischer et al. (2015), parents felt valued and included. Parents may also feel concern related to the child's health condition. For example, 81% of Spanish speaking mothers whose babies were in the neonatal intensive care worried that their child may have future developmental problems and 53% worried about the child's health status (Miquel-Verges et al., 2011). LEP influenced not only the parents' experiences and feelings but also impacted their child's health.

Association of parental LEP and hospitalized child health outcomes

Parental LEP was associated with disparities in health and healthcare and poor child health outcomes in the hospital setting. Differences in the care of children of Spanish versus English speakers occurred in the emergency department as well as the inpatient setting. Rogers et al. (2004) found that the relative risk of admission for Spanish speaking immigrant children of moderate acuity, categorized by nursing based on the study site's standards, was almost twice that of English-speaking children (RR 1.9, 95% CI 1.2–2.9, $p = .05$). Differences in the relative risk of admission did not exist for children with low or high acuity. In a study by Levas et al. (2014), children of Hispanic parents with LEP experienced more perforated appendices than English speaking, non-Hispanic and English speaking Hispanic children (34% vs 25% vs 31% respectively, $p < .01$). Cohen et al. (2005) found that in the inpatient setting, children of Spanish speaking parents, communicating without an interpreter, were twice as likely to experience a serious medical event compared to children of English speakers (OR 2.26, 95%, CI 1.06–4.81). Children of Spanish speaking parents who experienced serious medical events were hospitalized 13.3 more days on average than English speakers (aOR 1.95, 95% CI 1.06–3.62, $p = .03$). In general medical units, LEP was also associated with public insurance and longer length of stays leading to increased costs, about $20,000 more (Lion et al., 2017).

Nursing care of hospitalized children of SSP-LEP

Even though nurses comprise the largest group of care providers and spend the greatest amount of time caring for hospitalized children and their parents, studies investigating care providers and SSP-LEP primarily focused on physicians (Dahl et al., 2015; Fields et al., 2016; Flores et al., 2000; Olivarez et al., 2017; Seltz et al., 2011; Sinow et al., 2017; Walker-Vischer et al., 2015; Zurca et al., 2017). Since 2000, only three studies addressed SSP-LEP perceptions of nursing care: a mother's positive experience and trust in the nursing care in the neonatal intensive care unit (Cleveland, 2009), valued nurse presence in provider rounds in a pediatric intensive care unit and a general pediatric unit (Walker-Vischer et al., 2015), and inadequate nursing presence in the patients room and unlikely reliance upon nurses' care instructions in a pediatric intensive care unit (Zurca et al., 2017).

The missing voices of SSP-LEP in research

Research exploring and revealing the experiences, values, and beliefs of specific cultural groups of SSP-LEP whose children were hospitalized was absent. Information regarding the parents' perspectives, expectations, and nursing care experiences in the context of culture was lacking. Studies primarily focused on topics of interest deemed important from a medical provider or healthcare organizations perspective. Research frequently combined Spanish speaking participants into one group, ignoring differences and nuances that may exist among Spanish speakers from varying countries of origin. Excluding the parents' perspective prohibits full discovery and understanding of their culture and care needs. Therefore, in order to address these gaps identified in the literature, the purpose of this study was to explore the cultural experiences, values, and beliefs of SSP-LEP, of Mexican origin, whose children were hospitalized and to understand nurses' roles in providing culturally congruent care.

Culture care theory

Leininger (2002) Theory of Culture Care Diversity and Universality or Culture Care Theory (CCT) provided a theoretical framework for exploring and guiding this study's domain of inquiry (DOI): to understand the values, beliefs, and experiences of SSP-LEP, of Mexican origin, whose children are hospitalized in order to inform nursing practice, research,

and policy. The goal of the CCT is to contribute to culturally congruent care or nursing decisions and actions that consider an individual or groups cultural needs, with an aim to improve health and well-being (Leininger, 1997; Leininger, 2002; McFarland & Wehbe-Alamah, 2018). The cultural and social structure dimensions are depicted in Leininger's Sunrise Enabler Model (McFarland & Wehbe-Alamah, 2018) and include: educational; economic; political and legal; biological; cultural values, beliefs and lifeways; kinship and social, religious, spiritual and philosophical; and technological factors (see Fig. 1). Culturally congruent care consists of three major nursing actions and decisions: culture care preservation and/or maintenance, accommodation and/or negotiation, and restructuring and/or repatterning (Leininger, 1997). The nurse acts and decides with individuals to retain or uphold beneficial values and beliefs; adapt or negotiate safe and effective care; or change or modify members' patterns and lifeways in order to attain desired health outcomes (Leininger, 1997; McFarland & Wehbe-Alamah, 2018). For all three modes of action, the nurse respects, centers on, and collaborates with the patient rather than impose interventions (Leininger, 1997; McFarland & Wehbe-Alamah, 2018). The nurse should first seek to preserve and maintain cultural practices (McFarland & Wehbe-Alamah, 2018). Through nurse-patient collaboration, an accepted and more likely adhered plan of care is derived (McFarland & Wehbe-Alamah, 2018).

Methods

Research design

For this qualitative study, the researcher utilized a data discovery method specifically created for use with the CCT (McFarland & Wehbe-Alamah, 2018): the ethnonursing method. The ethnonursing method informed nursing care through exploration of little-known domains of inquiry to glean cultural knowledge about informant's lifeways, influences, care, health, and well-being (Leininger, 1997;

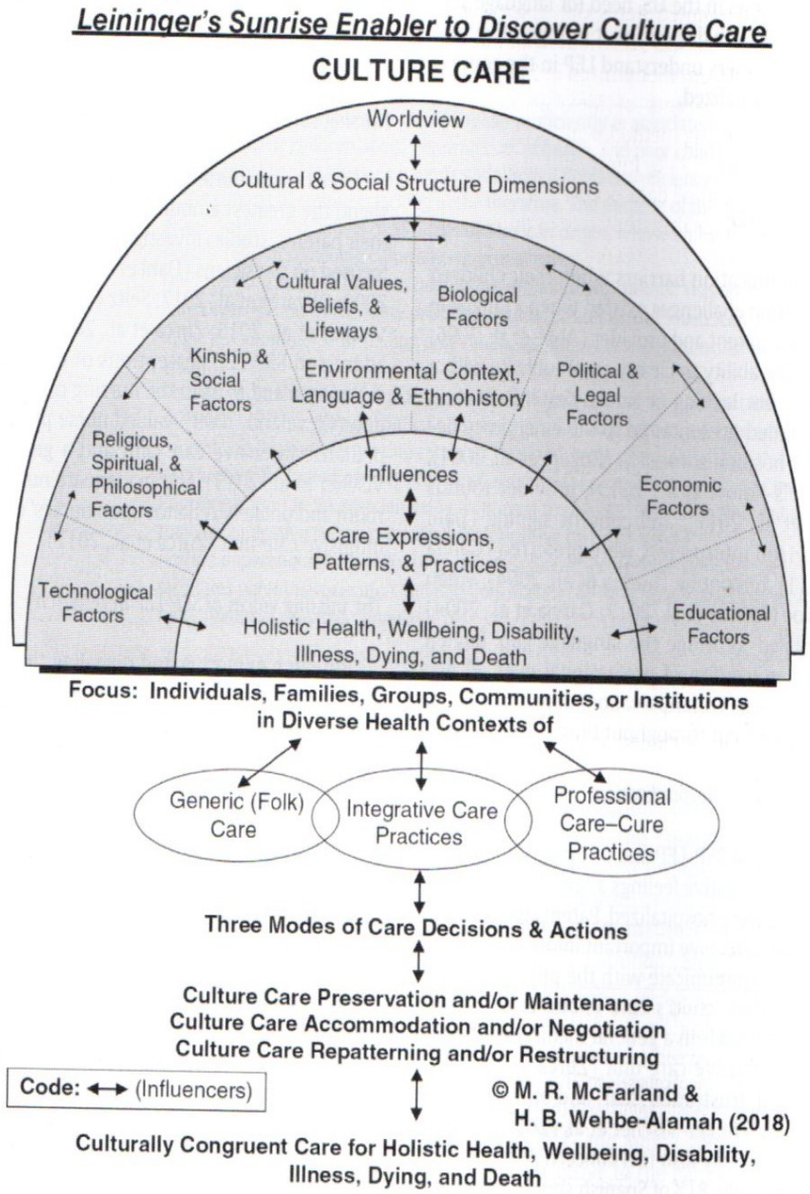

Fig. 1. Leininger's Sunrise Enabler to Discover Culture Care. Used with permission. The enabler illustrates the eight cultural factors addressed in the researcher-designed, semi-structured interview questionnaire. Source: McFarland, M., and Wehbe-Alamah, H. (2018). *Transcultural Nursing Concepts, Theories, Research, & Practice.* (4th edition, p. 47). New York, NY: McGraw-Hill Education. ISBN: 978–0–07-184,113-9.

McFarland & Wehbe-Alamah, 2018). The researcher entered the informants' setting to understand their view of generic (emic) and professional (etic) care factors in the context of a child's hospitalization, while remaining cognizant of self-biases, attitudes, and other influencing factors. Research questions included: 1. What are the cultural values, experiences, and beliefs of Spanish speaking parents of Mexican origin with LEP whose children are hospitalized? 2. What are their cultural care needs? 3. What are the parents' beliefs regarding the nurse's role in promoting culturally congruent care?

Sample and setting

The researcher utilized a purposive, snowball sampling method and worked with gatekeepers, or persons respected within the community of interest (Wehbe-Alamah, 2018), to identify SSP-LEP of Mexican origin, living in the United States, whose children were hospitalized. See Table 1 for a list of gatekeepers. Recruitment took place within a large, not-for-profit, non-academic affiliated, urban pediatric medical center; two community-based neighborhood clinics; and several community groups, such as churches, wellness centers, and associations located in the southwest region of the United States. Gatekeepers, who routinely served and interacted with SSP-LEP, distributed an Internal Review Board (IRB) approved recruitment flier written in Spanish and verbally invited Spanish speaking parents of Mexican origin to participate in the study. The ethnonursing method, which typically entails recruitment of approximately 10 to 12 key informants and 20 to 24 general informants or until saturation of data occurs (McFarland & Wehbe-Alamah, 2018), was adapted for this study due to difficulty in recruitment and the coronavirus disease 2019 (COVID-19) restrictions. Recruitment continued until saturation of data and all informants were considered key informants based on the richness and depth of data shared by the informants.

Inclusion criteria included: a parent (mother, father, or legal guardian), age 18 or older, of a child hospitalized in the past 2 years, age 8 or younger, who self-declared LEP and Mexican origin (López, 2015). Persons of Mexican origin were selected because they comprise the largest group of persons living in the US with limited English proficiency (Gambino et al., 2014). Cutoff of the hospitalized child's at age 8 years was guided by research indicating children of non-English speaking parents often begin interpreting around age 8 or 9 (Guntzviller et al., 2017) and consideration that the child's role as an interpreter for the parent during hospitalization may alter the nurse-parent relationship and information transfer. Spanish speaking parents of children who received treatment of non-accidental trauma (physical, sexual, or emotional) or neglect (emotional or physical) were excluded as well as those who self-report speaking English well.

Table 1
Spanish speaking gatekeepers from clinic, hospital, and community settings.

Clinic/hospital	Community
Hospital chaplain	Catholic priests (2) and a deacon
Family advisory council parent liaison	Charity clinic leader
Hospital nurses (4)*	Community center leader
Hospitalist nurse practitioner*	School counselors (2)
Clinic nurse practitioner	Hispanic women's network leader
Home health nurses (2)	Child development center practitioner
Clinic family advocate	Inner city Catholic high school recruiter
Clinic pediatrician and physician assistant	Hispanic wellness center leader
	Local Hispanic nurse association members
	Catholic church office coordinator

Note: * Gatekeepers who were not bi-lingual but communicated with assistance of interpreter.

Data collection

Data collection took place in-person or via Zoom at a time and location of the informants' choosing, with the assistance of a Spanish speaking interpreter of Mexican origin. Informants participated in one to three, 30-to-90-min, voice recorded interviews. The number of interviews and length of time varied dependent upon time needed to complete the interview and informants' time constraints. For compensation of time, informants received a $25 gift card after each interview. After the first interview, their child received a book or educational activity valued at $10. Data collection instruments consisted of a Spanish language demographic form, a researcher-designed semi-structured interview guide, and two researcher reflection enablers. Measurement of LEP was patterned after the American Community Survey and measured as a person's self-reported ability to speak English in four categories: "very well," "well," "not well," or "not at all" (Gambino et al., 2014; Ryan, 2013). Parents who indicated they spoke English less than "very well" were recognized as having LEP. The semi-structured interview guide addressed the eight cultural factors expressed in Leininger's Sunrise Enabler to Discover Culture Care (Wehbe-Alamah & McFarland, 2020) and the DOI for this study. After each interview session, the researcher used the Observation-Participation-Reflection (OPR) and Stranger-to-Trusted-Friend enablers to introspectively contemplate relationships and interactions with informants and assess credibility and confirmability of findings (Wehbe-Alamah & McFarland, 2020). The researcher noted environmental and contextual thoughts and observations and personal feelings, assumptions, attitudes, biases, and reactions in the field log.

Data analysis

Guided by Leininger's Phases of Ethnonursing Data Analysis Enabler for Qualitative Data (Wehbe-Alamah, 2018), the researcher analyzed, interpreted, and synthesized emic data from verbatim, transcribed audio-recorded interviews and etic data from field journal observations to identify major themes and research findings and formed recommendations for nurses' culture care decisions and actions in the form of preservation and/or maintenance, accommodation and/or negotiation, and repatterning and/or restructuring.

The researcher substantiated findings and gave evidence of reliability and validity by reviewing and rechecking the development of major themes from the raw data level and consistently coding and recognizing patterns and themes of homogenous data (Leininger, 1985). To ensure congruency between data and inference of meaning (Leininger, 1985), records showing the development of major themes were maintained in NVivo 12. The researcher sought to confirm data from each interview through ongoing data collection and analysis. To ensure trustworthiness of the ethnonursing methodology, the researcher documented in detail the research process (Schreiber & Asner-Self, 2011). In addition, the researcher performed inter-rater checks with a second researcher experienced in the use of ethnonursing and CCT to confirm truth of codes, patterns, and major themes.

Ethical considerations

IRB approval was obtained from the pediatric medical center. Recognizing Latino persons may have heightened concern for violations of privacy and confidentiality and increased personal risk regarding research participation (Resnik & Jones, 2006; Sage et al., 2018), the researcher took additional steps to allay fears. All written and verbal communication with potential and actual informants occurred in Spanish. The consent was also written in Spanish language. Parents were instructed to not reveal names during interviews and the researcher did not ask the informant about citizenship or financial or insurance status.

Results

Informant demographics

Eleven key informants participated in the study: 10 mothers and one father. Parents' age in years ranged from 25 to 45, ($\bar{x}$ = 35.6). All identified as being of Mexican origin and speaking English *not well* (n = 9) or *not at all*. Parents residency in the United States ranged from 1 to 24 years, ($\bar{x}$ = 11.6). Most were married (n = 8) and identified as Roman Catholic (n = 8). One parent identified as Christian; two did not claim any religious affiliation. All mothers, except one, worked only in the home. The other parents worked in industry and construction. Parents' level of completed education varied: middle school (n = 1), ninth grade (n = 2), eleventh grade (n = 1), high school (n = 5), bachelors (n = 1), and graduate degree in college (n = 1). Age of the child at hospitalization ranged from newborn to 8 years of age with 1–20 parent reported hospitalizations. Reasons for hospitalizations included congenital conditions, such as cleft lip and palette and hypoplastic left heart syndrome; acute conditions, such as pneumonia or gastrointestinal infection; and chronic conditions, such as genetic, neurological, and respiratory disorders.

Analysis of emic and etic data, in the context of the DOI, collected from informant interviews and field notes resulted in 15 categories. Further scrutiny led to identification of seven patterns. In the final phase of analysis, synthesis and interpretation, three themes emerged. See Table 2 for a list of categories, patterns, and themes. Two themes informed understanding of the cultural values, experiences, and beliefs of SSP-LEP of Mexican origin whose children were hospitalized and one theme provided insight into the role of the nurse in promoting culturally congruent care (See Table 3). All themes informed the cultural care needs of SSP-LEP.

Theme 1: Role of Mother as an Ever-Present Manager of Care for Hospitalized Child and Family

Informants conveyed a strong belief in and value of a role of mother. Mothers were an ever-present manager of care for the hospitalized child as well as for the family at home. They reported a sense of duty to be present with the child in the hospital. The sense of responsibility to the hospitalized child took precedence over personal needs and needs of other family members. Mothers were often alone in the hospital without the presence of family or friends, especially during COVID-19 restrictions. Mothers' commitment to stay with the hospitalized child meant that they were absent from their children in the home. Maternal absence in the home forced other persons, such as the father or a grandparent, to care for the children. Mothers desired to be present for all their children and voiced concerns about the hardship the separation created for their children and the burden placed on the interim caregivers.

While in the hospital setting, mothers provided physical, emotional, and spiritual support for their child. Physical support included actions such as feeding, diapering, and medical device care. Mothers also monitored their child's emotional well-being. They watched for signs of pain,

Table 2
Second, third, and fourth phase data analysis: categories, patterns, and themes.

Categories
Expressions of faith
Effect of care on child's well-being
Learning to care for the child in the hospital
Mexican origin and care in the United States
Non-caring nurse actions
Caring nurse
Health and well-being
Nurses controlling the parent
Maternal responsibilities
Care experience
Communication with nurses
Feelings
Managing hospitalization/support of others
Family presence and separation during hospitalization
Lack of knowledge, understanding, need to know about care
Patterns
Being a mother
Support during hospitalization
Communication with nurses
Caring nurse
Attaining health and well-being
Faith and prayer during hospitalization
Positive and negative care experience
Themes
Role of mother as an ever-present manager of care for hospitalized child and family
Parent's difficult, fearful, stressful, and unknowing experiences in the presence of a language barrier
Expected nursing care that was kind, respectful, compassionate, and attentive

Table 3
Themes and sample quotes.

Theme 1: Role of Mother as an Ever-Present Manager of Care for Hospitalized Child and Family
They did, though, ask me if I needed to rest, and they would tell me that they would watch over the baby, but I know that, as a mom, I'm protective, and so I tried to stay there most of the time and I only went out for food once.
Sometimes it's complicated because I have to leave the child of 10 months old with others, and the other children ask for me. The older ones understand that the little girl needs more attention, but they all need their mom. But I know that only a few days and then I'll be home soon and all will be well.
If she needs something, I let them know; That she gets scared when they take off the stickers and she doesn't like that. And also that, when giving her the medication, to give it to her slowly, because she gets grossed out and she doesn't like that; and She cries a lot. I have to be there. She cries a lot when someone other than me gives her meds. I help suction her mouth… In the night, several times they'll come to see her, but I move her. I'm watching her and her food. I'm the one who watches her completely in the night.
So the nurses would come in, and they would come in to see the child's care, and when they were there, I would ask to see what plans were for the day, like the routine … And whenever they did the tracheostomy and the G-button surgery, they also came in and they trained me for that type of care.
Theme 2: Parent's Difficult, Fearful, Stressful and Unknowing Experiences in the Presence of a Language Barrier
Other times, they would tell me about procedures, medications, what would happen next. This time, no, I had to ask and ask.
And that worries me because I can understand a little but not enough. And so when they are explaining to me, I'm afraid. What if I'm mistaken - we don't understand everything - and I'm wrong in what I assume.
So they were there and they cared for him good. They gave me all the information about the baby, what was happening. And they helped. And I think it was good.
Theme 3: Expected nursing care that was kind, respectful, compassionate, and attentive
Well, now, the nurse who's watching her, she cleans her nose, she gets her food. She's constantly watching her, her medications, what she needs. She changes her diaper. If she wants a toy, she asks her. She'll take her the toy and show it to her until she's fine.
And so the nurses they were really kind and would say that it was my decision, and– at the time they were giving him Tylenol. So it was my decision if I wanted for them to give him more Tylenol, he could be more relaxed. And that's what I liked. It's that they came whenever the baby would cry. And they also came over to see if I needed something, if I was okay with what procedures they were doing for the baby. The nurses they were very respectful to me and my daughter. They were very caring, nice, during the time that I was there. The hospitals that I have gone, they're really good. They're very respectful, very attentive. They ask you, "How are you?" and "What do you need?
Letting me know, keeping me aware of everything she has and what's going to happen to her. Keeping me abreast of everything happening to her. And before leaving the room, they ask me if I need anything.

comfort, and fear, and notified the nurse when they believed interventions were needed. When feeling uncertain or lacking control of the child's health status, many mothers relied on Christian faith and prayer. Mothers also sought the assistance of priests and family members.

In addition to providing physical, emotional, and spiritual care for their child, mothers desired to know information at all times. Mothers reported learning new hands-on care, medical terms, and about the child's condition. Despite the need to know, mothers were not consistently informed regarding the child's condition, plan of care, and treatment interventions.

Theme 2: Parent's Difficult, Fearful, Stressful and Unknowing Experiences in the Presence of a Language Barrier

Informants described intense feelings they experienced during their child's hospitalization. All mothers verbalized feeling negative emotions. They described hospitalization of their child as difficult, stressful, frustrating, complicated, and worrisome. Negative emotions characterized mothers' experiences when they lacked information sharing by the nurse or other care providers, had difficulty understanding information regarding the child's care, and did not know the child's current and future health status. All were associated with the inability to speak and understand English. Although nurses who spoke some Spanish and interpreters helped to bridge the language gap, they did not completely ameliorate the stress or confusion parents experienced. Receiving education on how to physically care for the child offset negative feelings and evoked positive feelings.

Theme 3: Expected Nursing Care that was kind, respectful, compassionate, and attentive

An understanding of role of the nurse in promoting culturally congruent care was derived from the third theme. Mothers described expected nursing care in terms reflective of nurses' affect, rather than their clinical skills. Mothers depicted care as being kind, respectful, compassionate, and attentive. Care meant nurses recognized the child's needs, as well as the parents', and automatically intervened. Additionally, caring nurses included mothers in decision making and respected their choices.

Communication was a component of perceived nursing care. Communication was not limited to the parent only; nurses communicated with the child. Communication was also informative in nature, such as informing parents on the plan of care and updating parents regarding the child's health status. Conversely, parents associated absence of communication as non-caring.

Discussion

SSP-LEP shared rich data about their cultural values, beliefs, and experiences when their children were hospitalized; their cultural care needs; and the role of nurses in providing care that meets their cultural care needs. Findings from this study revealed new data important for supporting the role of mothers as the primary caregiver of their hospitalized child. Although mothers, as compared to fathers, represented the majority of participants in limited prior studies focusing on experiences and feelings when their child was hospitalized (Miquel-Verges et al., 2011; Seltz et al., 2011; Zurca et al., 2017), this study was the first to identify mothers as managers of care with a strong commitment and desire to be present at all times during hospitalization, protect their child, and participate in decision-making and care. These maternal desires aligned with four core principles integral for the delivery of patient- and family-centered care: dignity and respect, information sharing, participation, and collaboration (Institute for Patient- and Family-Centered Care, 2017). The valued maternal role of SSP-LEP of Mexican origin was conducive to establishing an ideal family-centered parent-nurse relationship in which mothers can be full participants and decision makers in their child's care. However, the language mismatch between parents and nurses created a barrier that pervaded the parents' ability to do so in this study.

Informants' demographics were characteristic of persons of Mexican origin living in the United States. In this study, most of the women were stay-at-home moms. Of all mothers in the United States, Hispanic immigrant women were most likely to be stay-at-home moms (Livingston, 2014). Mothers' lower level of education in this study was not surprising considering that approximately one third (32.7%) of women of Mexican origin in the United States have less than a high school degree (United States Census Bureau, 2019). The majority of the informants' ascribed religion of Catholicism also reflected the larger population of Mexican Americans (Donoso, 2014).

Consistent with prior research, a language mismatch altered parents' perceived shared decision-making ability (Hoang et al., 2020). Mothers naturally cared for the child's spiritual, emotional, and physical needs. Education in their spoken language extended their ability to care for the child's physical needs associated with medical devices, understand instructions, and was perceived as key component of nursing care. Communication in the parent's language empowered SSP-LEP to be active participants in their child's care.

SSP-LEP whose children were hospitalized described feelings of fear and frustration and experienced stress when they lacked information about the child's health condition, plan of care, and nursing actions. Parents experienced inconsistent information sharing and collaboration with nurses. Hospitalization of a child can be a stressful and anxiety provoking experience for any parent (Lisanti, 2017), without the added challenges posed by a language mismatch. Negative emotions experienced by SSP-LEP of Mexican origin participating in this study echoes the persistent evidence found in research spanning 20 years. SSP-LEP whose children received care in the hospital setting verbalized feeling fear, frustration, worry, and anxiety related to lack of knowledge in an emergency department (Santos Malavé et al., 2019), a pediatric intensive care unit (Zurca et al., 2017) and neonatal intensive care unit (Miquel-Verges et al., 2011). The finding of continued stress and negative emotions felt by SSP-LEP whose children were hospitalized emphasizes the importance of delivering culturally congruent care and development of emotional support programs that addresses parents' cultural needs.

Understanding the values, beliefs, and experiences as well as the cultural care needs of SSP-LEP enables the nurse to provide culturally congruent care. Parents' perception of nursing care was described nurses who were kind and compassionate as well as nurses who communicated with the child and parent. Care meant nurses took the time to explain interventions, instruct, educate, and update parents on the plan of care. Asking questions about the parent and child's needs and seeking the parents' opinion about cultural practices indicated respect. Results from this study reflect prior research indicating that attention to assessments and interventions focused on communication and information sharing are necessary to support the patient and family's emotional, physical and spiritual needs and parental role fulfillment (Foster et al., 2016; Giambra et al., 2014). Although parents in this study experienced alterations in their mothering role and described negative feelings, they described nursing care as good. Newly generated evidence from this study indicated that the perceptions of SSP-LEP mirrored perceptions of nurses caring for patients and families who do not speak English: (a) both experienced challenges in caring; (b) the parent-nurse connection was hampered in the presence of a language mismatch; (c) both experienced negative feelings; and (d) physical care of hospitalized children did not lack, rather it was holistic care which included communication and emotional support that was missing (Stephen, 2021).

Practice implications

The CCT offers three decision and action modes to guide nurses in culturally congruent care: (a) culture care preservation and/or maintenance, (b) culture care accommodation and/or negotiation, and

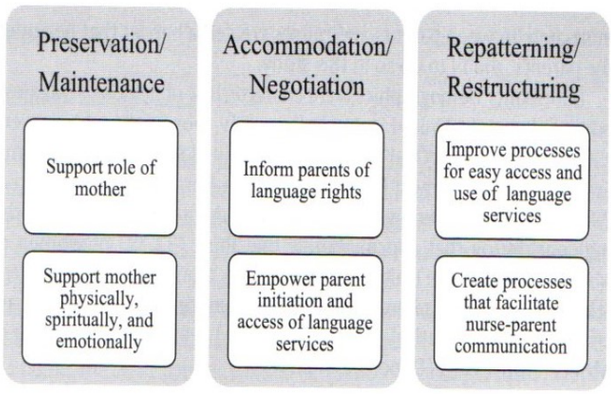

Fig. 2. Three Culture Care Theory decision and action modes (McFarland & Wehbe-Alamah, 2018) guide culturally congruent care of Spanish speaking parents with LEP.

(c) culture care repatterning and/or restructuring (Wehbe-Alamah & McFarland, 2020). All three decision and action modes are relevant to culturally congruent care of SSP-LEP of Mexican origin and promotion of holistic health and well-being (see Fig. 2). To provide culturally congruent care, nurses must utilize language services and communicate in the same language as parents. Without information gathered from parents, nurses cannot thoroughly navigate decision and action modes. In the absence of same-language communication, nurses often analyze and infer from environmental, non-verbal, and behavioral cues (Stephen, 2021). Nurses may inaccurately interpret cues and their decisions and actions may fail to properly recognize, incorporate, and understand parents' values, beliefs, and hospitalization experiences. Nurses' implicit racial and ethnic bias may also influence interactions, decisions, and patient outcomes (Hall et al., 2015; Hamed et al., 2022).

To preserve the role of mothers and support their emotional well-being during their child's hospitalization, nurses should assess mothers' physical, emotional, and spiritual needs, including their social support system. Communication in the parents' language enables nurses to assess for the presence of factors that can negatively affect the mother's role as an ever-present manager of care for their hospitalized child and family. Nursing interventions should focus on preserving and maintaining the role of mothers as physical, emotional, and spiritual caregivers. Mothers may find interventions such as room service for parent meals, parent-to-parent support programs, and access to pastoral care helpful. To help parents accommodate, or adapt, to the experience of their child's hospitalization SSP-LEP should be informed of their right to initiate, access, and utilize language services. Empowering parent initiation and use of language services would facilitate communication and information gathering at the parents' discretion, especially when nurses and other providers fail to initiate services. Creating processes in which easy access and utilization of language services is a routine occurrence would repattern and restructure the hospitalization experience for parents' benefit. For example, placing a video remote interpreter device in the patient's room along with instructing parents on use could facilitate communication, information sharing, and decreased time to wait for services. Scheduled interpreter rounding with inclusion of the parent for nurse-to-nurse hand-off (Friesen et al., 2013; Stimpson et al., 2020) and interdisciplinary rounding (Anttila et al., 2017; Cheston, Alarcon, Martinez, & Moses, 2018) may prove beneficial in increasing parents' comprehension and satisfaction and improve patient safety. Increased utilization of language services for the purpose of information sharing may also positively support parents' expectations of nursing care that is kind, attentive, and respectful.

This study addressed the gap in knowledge regarding the values, beliefs, and experiences of SSP-LEP of Mexican origin whose children are hospitalized. Generated knowledge can be used to educate nurses, guide practice, and combat cultural ignorance, ethnocentrism, racism, or other possible barriers that lead to culturally incongruent care. suming absence of care prevents cure, culturally congruent nur care can greatly influence the health and well-being of parents children. Future research should explore cultural values, beliefs, experiences of parents with LEP of other countries of origin livin the United States. Studies investigating culturally congruent nursing terventions and language service access and utilization for Spa speaking parents are needed to guide nurses' family-centered, cultu congruent care.

Limitations

Ethnonursing method was ideal for exploring values, beliefs, and periences in the context of culture through immersion in the in mants' natural environment (McFarland et al., 2012). Due to the or of the COVID-19 pandemic during conduct of the study, total immers in the informants' environment was prohibited. Total immersion in informant's setting for the duration of the study may have provided evant emic environmental data. Infection control requirements for the primary investigator to conduct interviews electronically rat than in-person. As a result, observation of the informants' environm was restricted to the view revealed by the informant's phone scre typically a wall in the informant's background. Although saturatio data was reached, a larger sample size may have resulted in additio confirmability of the data. This study focused on the experiences, valu and beliefs of SSP-LEP of Mexican origin and may not represent thos all SSP-LEP Latinx persons. Additionally, the convenience sample co prised of mostly mothers may not reflect that of fathers or other le guardians. Self-determined ability to speak English is not an exact m surement. Findings may have been influenced by self-selection b from persons who sensed stigma based on their English speaking abi and other cultural characteristics. Parents who believed they were a to speak English at a higher level than *not well* may have opted not participate. The primary investigators' cultural and language misma as well as informant's recall of the child's hospitalization may have fluenced sharing of information. We did not capture and could not ev uate for the length of time living in the US, which is another factor t may have influenced informants' perspectives.

Recruitment and retention of adults of Mexican origin was a kno challenge (Roosa et al., 2008; Vincent et al., 2013). The primary inve gator employed several strategies in attempt to overcome cultural ch lenges as well as barriers created by COVID-19 pandemic saf precautions. For example, the researcher sought assistance of multi gatekeepers, frequently communicated with gatekeepers to keep cruitment at the forefront of attention, and purposefully stated in the cruitment flier and in conversation with parents that immigration citizenship status would not be questioned. All gatekeepers, exce two, were bi-lingual and frequently interacted with Spanish speaki parents, see Table 1. Gatekeepers who were not bi-lingual shared inf mation about the study with the assistance of an interpreter. In spite multiple strategies, recruitment remained slow. Prior to COVID-19 strictions, a Spanish speaking Catholic priest of Mexican origin recruit four parents and all parents participated. At the onset of the pandem multiple gatekeepers recruited 47 parents, of whom, seven participat The seven informants were recruited by a priest, hospital chaplain, hc pitalist nurse practitioner, and a family advisory council parent. So parents who initially voiced interest via text in participating in t study did not respond to follow-up texts for scheduling of the conse conference. Other parents did not show for the mutually schedul consent conference. No attrition occurred after conduct of the initi consent conference and interview. Sociopolitical factors, such as fe of deportation from the United States (Asad, 2020), the Southwest bc der crisis (Gramlich & Scheller, 2021), and racial-ethnic discriminati (Martin Romero et al., 2022) may also have negatively affected recru ment of Spanish speaking parents of Mexican origin.

Conclusion

This study revealed new knowledge regarding the primacy of the role of mother. Mothers of Mexican origin with LEP were attentive emotional, spiritual, and physical caregivers for their children and often sacrificed their needs and comfort in order to maintain the role. They experienced negative emotions and gaps in information sharing during their child's hospitalization, yet they perceived nursing care to be good. Communication in the parents' language was paramount for information gathering and sharing. Findings from this study may better inform and enable nurses in meeting the cultural care needs of SSP- LEP whose children are hospitalized. Nurses are key to bridging parents' knowledge gaps and ensuring support of parents' emotional and physical needs. Attention to and understanding of parents' emic views as well as nurses' etic perceptions is necessary. Knowledge gleaned from this study may improve parental experiences, inform future research, and aid development of nursing interventions that better meet parents' language needs and contribute to positive child health outcomes.

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CRediT authorship contribution statement

Jennifer M. Stephen: Conceptualization, Methodology, Formal analysis, Investigation, Writing – original draft, Writing – review & editing, Funding acquisition. **Rick Zoucha:** Supervision, Writing – review & editing. **Mary Cazzell:** Supervision, Writing – review & editing. **Jessica Devido:** Supervision, Writing – review & editing.

Declaration of Competing Interest

JENNIFER STEPHEN: Declarations of interest: none.
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