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Culture Care of Puerto Rican Elderly in a Community Setting

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CULTURE CARE OF PUERTO RICAN ELDERLY IN A COMMUNITY SETTING

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Duquesne University, 2003

Abstract

The purpose of this ethnonursing study was to discover the culture care meanings, beliefs, expressions, and practices of urban elderly Puerto Ricans residing in a mid-sized community. The Culture Care Theory was used as the guiding framework in studying the domain of inquiry: the discovery of the meanings and practices of generic care and professional health care of elderly community dwelling Puerto Ricans. The qualitative research method used for this study was the ethnonursing research method. Twelve key informants and twenty-one general informants were interviewed. Four themes were extracted from analysis of the data, and patterns to support the themes were derived from emic care constructs. Discussion for culturally congruent nursing care within the nursing care actions of cultural care preservation or maintenance, culture care accommodation or negotiation, and culture care repatterning or restructuring are presented. Implications for nursing theory, education, and practice are suggested to facilitate the provision of culturally congruent nursing care. Recommendations for further research are presented.

Dissertation Advisor: Rick Zoucha, APRN, DC, DNSc, CTN

DEDICATION

This dissertation is dedicated to my husband, Lou, who has supported me through the years in pursuit of my advanced degrees. He stood by me through the entire process, and encouraged me to keep going when I felt discouraged and dismayed. I also dedicate this dissertation to my children – Jason, Matthew, Jenna and Catherine. They endured moments of happiness and frustration throughout this study, constantly supporting me and encouraging me to continue. I could never have done this without the help of all of you, my family, and I am deeply grateful for your support, encouragement and understanding over the years. I love you all very much.

In loving memory of my mother, Rose A. Schleicher, 1909-2001.

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TABLE OF CONTENTS

Page

List of Tables……..xi

List of Figures……...…….xii

I. INTRODUCTION……...1

A. Domain of Inquiry ……..……...2

B. Purpose of the Study……..2

C. Rationale for the Study……..3

D. Research Questions……6

E. Significance for Nursing…….….. 7

F. Orientational Definitions...……9

G. Assumptions ……..……..11

H. Summary….……12

II. REVIEW OF THE LITERATURE……...13

A. Ethnohistory of the Puerto Rican Culture……13

Environment……...18

Economics……..21

Technology……22

Language and Education……22

Religion……..23

Political……..24

Kinship and Social Factors……24

Cultural Values and Lifeways……26

Folk Practices……28

B. Culture Care Studies……30

C. Hispanic Studies……...35

D. Elderly and Minority Issues……40

Policy Implications……40

Social Issues……..41

Health Considerations……...44

E. Summary……..45

F. Guiding Framework……47

III. METHOD……50

A. Methodology……50

B. Setting……..51

C. Informants……54

D. Research Enablers……55

E. Data Collection……...56

F. Protection of Human Subjects……..…60

G. Data Analysis…….……61

H. Substantiation of the Research……..…62

IV. RESULTS AND FINDINGS……65

A. Introduction……..65

B. Worldview of Puerto Ricans in Bethlehem……..66

Daily Activities……..68

Male Image……69

Discrimination……70

C. Social Structure Dimensions……75

Technological Factors……75

Religious Factors……...77

Political Factors……79

Language……80

Educational Factors……82

Economic Factors……...83

Kinship and Social Factors……85

Environmental Context……..88

D. Health and Well-being……92

Activities to Remain Healthy……94

Folk Practices……96

E. Patterns……99

Generic Care Patterns……..100

Professional Caring Expressions and Patterns……116

Noncaring Pattern of a Professional Nurse……..129

Health Care Pattern……..135

V. DISCUSSION……..145

A. Themes……..145

Theme 1 – Generic Care Theme……..147

Theme II – Professional Caring Expressions……..154

Theme III – Professional Nurse as Noncaring……157

Theme IV – Puerto Rican Health……161

B. Discussion for Culturally Congruent Nursing Care……...166

Culture Care Preservation or Maintenance……..166

Culture Care Accommodation or Negotiation……169

Culture Care Repatterning or Restructuring……171

C. Implications for Nursing Theory……...172

D. Implications for Nursing Education and Practice……..173

E. Recommendations for Future Research……175

F. Conclusions……177

APPENDIX A. Sunrise Model……...181

APPENDIX B. Open Inquiry Guide (Key Informants)……..182

APPENDIX C. Open Inquiry Guide (General Informants)……185

APPENDIX D. Stranger to Trusted Friend Enabler Guide……188

APPENDIX E. Observation-Participation-Reflection (O-P-R) Enabler……189

APPENDIX F. Leininger's Acculturation Assessment……190

APPENDIX G. Consent Form (Spanish Version)……..194

APPENDIX H. Consent Form (English Version)…….…..196

APPENDIX I. Confidentiality Statement……...198

REFERENCES……199

LIST OF TABLES

Table 1 Criteria for Selection of Key and General Informants…….….55

Table 2 Demographic Characteristics of Key Informants……..66

LIST OF FIGURES

Figure 1 Leininger's Acculturation Rating of Traditional and Nontraditional Lifeways……164

CULTURE CARE OF PUERTO RICAN ELDERLY IN A COMMUNITY SETTING

I. INTRODUCTION

The elderly population in the United States is increasing in large numbers, and the number of Hispanic elderly is also rising. Researchers have studied the elderly population from both a medical and nursing perspective, but have concentrated on specific problems or conditions experienced by people in this age group (Ailinger, Dear, & Holley-Wilcox, 1993; Morales, 1994; Bates & Rankin-Hall, 1994; Russell & McCammom, 1995; Eleazer et al., 1996; Lauderdale, Jacobsen et al., 1998; Bermudez, Becker, & Tucker, 1999; Tullmann & Chang, 1999; Ramer, Richardson et al., 1999; Waters, 1999; DeCarlo & Linsk, 2000; Laffrey, 2000). However, as the number of culturally diverse elderly increases, nurses must possess an appreciation for and understanding of culturally relevant views of health, illness and the experiences of care for these individuals (Zoucha, 1998, p. 34). Cultural influences play a major role in shaping the health beliefs and practices of people of a culture. Numerous studies of the elderly have been done within the framework of the culture care theory, but none have focused specifically on the elderly Puerto Rican. This transcultural nursing study was designed within the qualitative paradigm to discover the culture care of the community dwelling elderly Puerto Rican. The ethnonursing research method was used to discover these meanings, beliefs, and practices as expressed through the elderly members of this culture.

A. Domain of Inquiry

The domain of inquiry for this study was the discovery of the meanings and practices of folk (generic) care and professional health care of elderly Puerto Ricans living within the environmental context of a mid-sized community in Pennsylvania. This domain was important because of the increasing numbers of elderly, and in particular Puerto Rican elderly, in the United States as well as in the specific community being studied. It was important to understand the basis on which decisions were made with regards to lifeways, health, beliefs, and practices of members of this culture. It is imperative that health care providers, particularly nurses, understand these principles in order to provide care that is meaningful to a person and congruent with his or her beliefs.

Leininger's Culture Care Theory (1991a) was used in this study to guide the research and provide insight into understanding and caring for elderly Puerto Ricans. In accordance with the ethnonursing method, the researcher became immersed in the elderly Puerto Rican's environment in the community in order to discover their culture care beliefs and practices. These findings add transcultural knowledge to the discipline of nursing and provide insight for further research.

B. Purpose of the Study

The purpose of this ethnonursing study was to discover the culture care meanings, beliefs, expressions, and practices of urban elderly Puerto Ricans residing in a mid-sized community in Pennsylvania. The goal of this study was to identify generic (folk) and professional care practices that promote health and well being of elderly Puerto Ricans in order to plan and implement culturally congruent nursing care for elderly Puerto Ricans living within the community.

C. Rationale for the Study

The United States is experiencing a rapid increase in the number of elderly living in this country. In 2000, there were 35 million people age 65 or older in the United States, and 10.8 million people age 60-64 years (Federal Interagency Forum on Aging-Related Statistics, 2000; U.S. Census Bureau, August 21, 2001). As the "baby boom" generation begins to turn 65, the size of the older population is projected to double over the next 30 years, reaching 70 million by 2030 (Federal Interagency Forum on Aging-Related Statistics, 2000), and 78.8 million by 2050 (Wallace, Enriquez-Haass, & Markides, 1998). The 85 and older age group is the fastest growing segment of the population, accounting for approximately 4 million people or 2 percent of the U.S. population. By 2050, the percentage in this age group is expected to increase to almost 5 percent of the population or approximately 19 million (Federal Interagency Forum on Aging-Related Statistics, 2000). This has major implications for future health care, since individuals in this age group tend to be in poorer health and require more services than other age groups. The proportion of the older population age 65 years and older varies among states, with Florida, West Virginia, Pennsylvania, Iowa, and North Dakota having the highest proportions (Federal Interagency Forum on Aging-Related Statistics, 2000).

An increase in the racial and ethnic diversity within the elderly population also exists, and as the population of this group grows, it will also become more culturally diverse. The Hispanic population overall increased from 22.4 million people in 1990 to 35.3 million in 2000, for a total increase of 57.9 percent (Guzman, May, 2001; U.S. Census Bureau, April 2, 2001). Puerto Ricans increased by 24.9 percent, from 2.7 million to 3.4 million (Guzman, May, 2001). It is projected that the number of elderly

who are Hispanic will increase rapidly over the next few decades. Hispanics of any race numbered 1.1 million elderly in 1990 (Wallace, Enriquez-Haass, & Markides, 1998). This number increased to about 2 million in 2000, and it is projected to increase to over 13 million by 2050 (Federal Interagency Forum on Aging-Related Statistics, 2000).

Healthy People 2010 (U.S. Department of Health and Human Services, 2000) has defined two broad goals in the continuation of health promotion and disease prevention that was identified in *Healthy People 2000* (U.S. Department of Health and Human Services, 1990). The first goal is to increase the quality and years of healthy life. The emphasis of this goal is the improvement of health status and nature of life, as well as longevity (Spector, 2000). The second goal is to eliminate health disparities among different segments of the population. Included in the second goal are differences that occur by race or ethnicity. These differences may be the result of interactions among genetic variations, environmental factors, and specific health behaviors (U.S. Department of Health and Human Services, 2000). In order to achieve this goal, new knowledge will need to be generated about determinants of disease and effective interventions for prevention and treatment. Cultural competence, which includes knowledge, skills, and attitudes that allows individuals, groups, and systems to work effectively with diverse groups, is an inherent component of this goal (Spector, 2000, p. 11). Since it has been identified that the elderly Hispanic population is growing rapidly, it becomes even more imperative to discover through research the cultural care influences that determine health and well being within this group in order to meet the goal of elimination of health disparities of Puerto Rican elders.

Understanding of culture is imperative in order to achieve cultural competence and culturally congruent nursing care. Several nurse authors have defined the meaning of culture (Giger & Davidhizar, 1995; Andrews & Boyle, 1999; Spector, 2000). Leininger (1995, p. 60) defines culture as "the learned, shared, and transmitted knowledge of values, beliefs, norms and lifeways of a particular group that guides an individual or group in their thinking, decisions, and actions in patterned ways". Leininger postulates that care is the essence of nursing, and culture care is necessary in order to promote health and well-being in individuals. Culture care refers to the learned and transmitted values, beliefs, and patterned lifeways that assist, support, facilitate, or enable individuals or groups to maintain their health or to improve their lifeway (Leininger, 1995). Culture care assessment is essential in identifying factors that are meaningful and important to an individual in order to provide care that is specific, beneficial, and meaningful (Leininger, 1995).

The increasing numbers of elderly persons is not only occurring in the United States, but is rapidly reaching crisis proportions around the world. It is already known that over the next several decades, countries in the developed world will experience an unprecedented growth in the number of their elderly. Concurrently, these countries will experience a decline in the number of their youth (Peterson, 1999). Global aging will have major economic and political consequences in the 21st century, dominating the public policy agendas of developed countries. Aging has become a global challenge and must be given high priority in global policy agenda (Peterson, 1999).

The increasing number of older people of varying cultures in the United States further complicates the issue of coping adequately with this challenge. Healthcare

providers are faced with the challenge of providing care that is culturally acceptable and congruent to the elderly population in general, and the elderly of specific cultures in particular. The problems and changes that develop as a result of this population shift transcend multiple disciplines. An interdisciplinary approach is essential in addressing the needs and issues in such a diverse society.

D. Research Questions

In studying the domain of the meanings and practices of folk (generic) care and professional care of elderly, community dwelling Puerto Ricans, broad questions were used with the ethnonursing research method to guide the researcher's discovery of this domain. The following questions were used to discover the emic views related to the domain of inquiry:

1. What are the culture care expressions, patterns and practices that influence the health and well being of community dwelling elderly Puerto Ricans?
2. What are the generic folk care practices that influence the health and well being of elderly Puerto Ricans in a mid-sized community in Pennsylvania?
3. In what ways do the worldview, social structure, ethnohistory, culture values, and folk (generic) practices influence the health and illness patterns of elderly Puerto Ricans?
4. What are the specific professional nursing care actions and decisions that enhance or hinder health and well being of elderly Puerto Ricans?

5. In what ways can the three predicted modes of the Culture Care Theory – culture care preservation/maintenance, accommodation/negotiation, and repatterning/restructuring – be used to design nursing care that is culturally congruent for elderly Puerto Ricans?

E. Significance for Nursing

Culture care beliefs, values, and practices influence the health and well being of all people. Understanding cultural diversity and its influences on health is essential (Castillo, 1996). Cultural aspects of care relevant to diverse people need to be identified in order to develop culturally congruent models of care (Castillo, 1996). However, in depth data about Hispanics in general, and Puerto Rican elderly in particular, are lacking, yet are essential to nurses and other health care providers (Castillo, 1996). In order to provide culturally sensitive care and evaluate its effectiveness, nurses must know and understand the culture care beliefs and practices which influence the health and well being of elderly Puerto Ricans.

The literature in relationship to the meaning of health and care, especially nursing care, for the Puerto Rican elderly is not extensive in scope and breadth making it difficult to plan nursing care that is culturally congruent. However, as the number of Puerto Rican elders increases, community-based and acute care nursing providers will be treating and caring for Puerto Ricans without fully understanding the cultural needs and emic views of this group. More studies of Hispanic health have been conducted on Mexicans than on any other Hispanic group in the United States (Carter-Pokras, 1994). The findings from many of these studies have been used to make generalizations with regards to the health of Hispanics but have not considered the differences as well as the similarities that exist

among this multicultural group. Hispanics are not a homogeneous group, but consist of Puerto Ricans, Mexicans, Cubans, and groups from Central America, as well as others. It is important to know the differences in care beliefs and practices that lead to health and well being that exist among these multicultural groups in order to provide culture congruent care (de Leon Siantz, 1996).

The findings from this study are important to nursing for several reasons. First, the culture care practices of the elderly Puerto Rican have not been fully discovered. Second, little attention has been given to the emic meanings of health and well being of this group. This ethnonursing qualitative study focused on the discovery of culture care practices, beliefs, meanings and experiences that lead to health, well being, and healthy lifeways of elderly Puerto Ricans. The findings from this study yielded data to enable nurses to understand the culture care practices that are used by older Puerto Ricans to stay healthy, and to provide culturally congruent care to people of this culture.

The findings from this study are also significant in providing information related to the Puerto Rican population which can be used toward developing objectives to meet the second goal of Healthy People 2010 which focuses on eliminating health disparities with relationship to race and ethnicity. Minorities in general, and Hispanics in particular, are growing in numbers, yet current care practices of health and well being are focused on the dominant culture in the United States. It is important to understand the practices of a culture in order to bridge the gap in care provided by nurses and other health care professionals. As stated previously, transcultural nursing studies of Hispanics as a cultural group have focused on Mexicans. However, there are differences in care practices, health, and well being among the subgroups of Hispanic people. It was

necessary to discover the specific differences of the older Puerto Rican in order to plan and implement nursing care that is culturally appropriate for the person of that culture.

This study contributes to the practice of nursing because the findings can be used to provide care that blends generic (folk) care, values, beliefs, and lifeways of elderly Puerto Ricans with professional care nursing practices which are beneficial and meaningful to elderly Puerto Ricans (Leininger, 1991a; McFarland, 1995). Nurses are able to use the findings from this study to plan culturally congruent care that will promote optimal health and well being of elderly Puerto Ricans residing within the community. This study contributes to the body of transcultural nursing knowledge and practice. Nurses need a broad understanding of transcultural nursing phenomena to understand people in the wider context of their society (McFarland, 1995, p. 16). Nurses are able to use the findings of this study to predict the influence of cultural factors on the health and well being of the Puerto Rican elder living within the context of a mid-sized community in Pennsylvania, and to plan care that is culturally acceptable for this person. The findings from this study can be used by nurses practicing in the community or health care institutions to plan and implement care that is based on meaningful culture care practices of this group of people. This generates further transcultural nursing research conceptualized within the Culture Care Theory and contributes to the nursing profession in other areas of practice.

F. Orientational Definitions

The following definitions were used in this ethnonursing study in order to provide a broad orientational research focus to discover the meanings and practices of generic care and professional health care of elderly Puerto Ricans living within the environmental

context of a mid-size community in Pennsylvania. The definitions were used as guides to study the domain of inquiry from an emic and etic perspective.

1. C*ulture* referred to the learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular group that guides their thinking, decisions, and actions in patterned ways (Leininger, 1991a, p. 47).
2. *Cultural care* referred to the learned and transmitted values, beliefs, and patterned lifeways that assist, support, facilitate, or enable Puerto Rican elders to maintain their well being and health, to improve their human condition and lifeway, or to deal with illness, handicaps, or death (derived from Leininger, 1991a).
3. *Cultural congruent care* referred to those cognitively based assistive, supportive, facilitative, or enabling acts or decisions that fit with the Puerto Rican values, beliefs, and lifeways in order to provide or support meaningful, beneficial, and satisfying health care to Puerto Rican elderly (derived from Leininger, 1991a).
4. *Elderly Puerto Rican* referred to a person aged 60 years or older who has identified himself/herself as a Puerto Rican living in Bethlehem, Pennsylvania.
5. *Emic* referred to the local or indigenous views of elderly Puerto Ricans. It includes the meaning of health and well being as described by elderly Puerto Ricans in the community defined in this study.
6. *Etic* referred to the outsider's view of the culture. In this study it included descriptions about the Puerto Rican culture from those with knowledge about the beliefs and practices of elderly Puerto Ricans in this community, including people of this culture and people who care for elder Puerto Ricans but were not necessarily members of this culture.

7. *Generic folk practices* referred to the culturally learned and transmitted practices of Puerto Rican elders that were used to assist, support, and facilitate health and well being (derived from Leininger, 1991a).
8. *Professional nursing care* referred to the formal and cognitively learned professional nursing practices that were used in providing care to elderly Puerto Ricans (derived from Leininger, 1991a).

G. Assumptions

Leininger (1991a) formulated thirteen assumptive premises to guide nurses in the discovery of phenomena within the framework of the Culture Care Theory. The following assumptions were used to guide this researcher to discover the phenomena of interest for this study:

1. Culture care for Puerto Rican elders living in the community is essential for health, well being, survival, and to face handicaps or death (derived from Leininger, 1991a, p. 44).
2. Generic (folk) care knowledge and practices of the Puerto Rican culture greatly influence health beliefs and practices of elderly Puerto Ricans (derived from Leininger, 1991a, p. 45).
3. The elderly Puerto Ricans' worldview, language, social structure and environmental context influence cultural care beliefs and practices and, ultimately, health and well being (derived from Leininger, 1991a, p. 45).

4. Nursing care which is based on the culture care values, meanings, and principles of the Puerto Rican culture contributes to the health and well being of Puerto Rican elders living within the community (derived from Leininger, 1991a, p. 45).
5. Racial discrimination, prejudice, and stereotyping may adversely affect the health of Puerto Rican elders living within a community.

H. Summary

The numbers of elderly culturally diverse people, and in particular the Puerto Rican elderly, are rapidly increasing in the United States. It is imperative that Puerto Rican elders be studied in depth in order to understand generic and professional nursing care practices which influence the health and well being of these people. The knowledge gained from this study will assist nurses to plan and implement culturally congruent nursing care for people of this culture.

II. REVIEW OF THE LITERATURE

A. Ethnohistory of the Puerto Rican Culture

Puerto Rico is an island in the Caribbean, situated between the Caribbean Sea and the North Atlantic Ocean. It is located east of the Dominican Republic and about 1,000 miles southeast of Miami, Florida (Puerto Rico Description, 2000). It is one of 7,000 islands in the archipelago (center of islands) called the West Indies (Abodaher, 1993). The capital of Puerto Rico is San Juan.

Carrión (1983) and Abodaher (1993) describe the pre-Columbian period in which a group of Arawak Indians, called the Tainos, inhabited the island. They called the island Boriquen, which means "Land of the Brave Lord". The Taino culture was spread out among the West Indies, but reached its maximum cultural development on Santo Domingo and Puerto Rico. The Tainos established several cultural traits on Boriquen: a common language; development of agriculture; hunting and fishing; and erection of villages. The structure of the villages was very important in the sociocultural establishment of the society. The villages (bohios) were centered around the *batey*, which was the focal point for all social activities (Abodaher, 1993). The social organization of the village was based on the *cacique* or chieftain, who ruled over the higher class of nitainos and the lower class of workers, the *nalorias* (Carrión, 1983). The medicine man was very respected within the village, and served to provide guidance in health and spiritual matters. The medicine man used herbal teas to cure ailments, warded off evil by chanting prayers, dealt with emotional needs of the tribe members, and sniffed tobacco to bring him into contact with the gods. The ballgame was another

socioreligious activity of the *bohios*. It was a social bond within the tribe, and also had religious meaning associated with fertility rates (Carrión, 1983). The Taino economy was primarily agricultural. Cotton grew abundantly on the island. Tainos also were expert canoe makers, as well as good sailors. They were a very peaceful, sedentary people.

On November 19, 1443, Columbus landed at Boriquen and claimed it for Spain. He named the island San Juan Bautista in honor of Saint John the Baptist and Juan, son of King Ferdinand and Queen Isabella (Abodaher, 1993). When he found a small village on an inlet, he named it Puerto Rico, which in Spanish means rich or beautiful port (p. 17).

In 1508 Juan Ponce de Leon began the conquest of the island. His forces fought fiercely with the Tainos and killed their chief. The Tainos were forced into slavery by the Spanish. In 1511 there was an uprising by the Tainos. They eventually lost to the Spaniards, and virtually the entire indigenous population was decimated, except for a few Indians who escaped into the mountains (Puerto Rico – Boriken, 2000). They married with the poor Spanish farmers and became known as *jibaros*. In 1511 the village called Puerto Rico was renamed San Juan, which was the first capital city, and the island's name was changed to Puerto Rico.

For several hundred years the main economy of Puerto Rico was farming. In the early 1800s the King of Spain awarded land grants to immigrants from South American colonies, Spain and other European countries to increase the European population of Puerto Rico (Harley, 2000). Over the next century the small farms became large coffee plantations, and sugar production eventually became the primary source of the economy.

During this period African slaves were imported by the Spaniards to work on the plantations. Slavery was eventually abolished in 1873.

In April, 1898, Spain and America went to war. U.S. troops invaded Puerto Rico at Guanica on July 25, 1898. The war ended quickly, however, with the United States being victorious. At the conclusion of the war, the United States demanded that Puerto Rico be ceded to the United States as part of the war payment. On December 10, 1898, Puerto Rico was ceded to the United States with the signing of the Treaty of Paris (Abodaher, 1993).

The Foraker Act of 1901 established the relationship between Puerto Rico and the United States. It provided for revenue and a civil government, put off free trade, imposed a 15% tariff on merchandise coming into the United States from Puerto Rico, and vice versa. It also created a body called "The People of Puerto Rico", which entitled them to protection by the United States but with very limited rights. Puerto Rico was known as an "unincorporated territory", a "possession", or a dependency" (Carrión, 1983). The people were given full citizenship, but no other rights. There was much discontent and ambiguity among the Puerto Rican people as a result of the Foraker Act, since Puerto Rico was not a free country or legally part of another. This ambiguity was partially resolved with the signing of the Jones Act in 1917. Puerto Ricans became American citizens and Puerto Rico became an unincorporated territory of the United States (Brief History of Puerto Rico, 2000; Harley, 2000).

During the period between 1900 and the 1940's, Puerto Rico and its people endured many hardships. Businesses from America established industries in Puerto Rico by buying large parcels of land to grow sugar and coffee crops. As a result, small

landowners lost their farms or could not produce enough crops to support their families. Approximately 60% of all laborers were without jobs (Abodaher, 1993). American corporations paid low wages and kept all of the profits. The government in Washington largely ignored the economic conditions on the island.

In 1933 Franklin Delano Roosevelt created the New Deal to assist the needy, underprivileged, and unemployed. Two programs were created to meet Puerto Rico's needs: (1) government subsidized jobs so the most poverty stricken could earn enough to feed themselves; and (2) the establishment of the Puerto Rico Reconstruction Administration (PRRA), which was to address ways to decrease unemployment (Abodaher, 1993).

After the end of World War II, a program called "Operation Bootstrap" was developed. Its purpose was to help the people of Puerto Rico escape the bonds of poverty by using available resources on the island. One of the provisions of Operation Bootstrap was the granting of income tax exemption for up to ten years for any new factories built on the island. This was meant to encourage American industrial development on the island. Within six years, 175 new factories were built in Puerto Rico by American industries, which raised the per capita income of the average Puerto Rican from $250 to $1500 annually (Abodaher, 1993).

In 1947, Puerto Rico was granted partial self-government, and citizens were able to elect their own governor. In 1952 Puerto Rico became the Commonwealth of Puerto Rico, or Estado Libre Asociado de Puerto Rico (Brief History of Puerto Rico, 2000). Puerto Rico adopted its own Constitution, flag, and seal. A dominating issue which developed during this time, and still exists today, centered on the status issue of (1)

statehood, (2) independence, or (3) Commonwealth. Issues of poverty, jobs, education, and building schools were somewhat neglected.

During the years 1940 – 1970, Puerto Rico underwent a social and economic transformation. The collapse of King Sugar occurred, there was an increase in the population growth, the industrial age developed, manufacturing became the backbone of the economy, the quality of life deteriorated, unemployment rose, an increased dependence on federal funds for income developed, and there was a large migration of Puerto Ricans to the United States. Most of the migrants, known as *jibaros*, came from the rural farming areas. Two distinct communities developed on the island: (1) an inner community, which was in the island itself and close to the core of the historic, cultural nationality; and (2) the outer community, which struggled for social betterment and identity, and included the Hispanic minority on the mainland (Carrión, 1983).

The people of Puerto Rico continue to hold deep feelings or pride and patriotism for their native island, while accepting the free association relationship that exists within American jurisdiction. The culture and society on the island is vastly different in many ways from that in the mainland. Loyalty to the Puerto Rican culture, way of life, folklore, spirit, and hospitality are emphasized. The culture is rich and varied, reflecting the early influences of the Taino Indians, the Spaniards, and the African slaves. Since Puerto Rico is a Commonwealth of the United States, movement of people from the island to the mainland occurs frequently. Many Puerto Ricans feel they have the best of both worlds in this association. Culture, identity, and a sense of belonging exist on the island, while in the United States the opportunity exists for education, material wealth, and acquisition of skills. Some Puerto Ricans return to the Caribbean, some stay in the

mainland, and others move constantly between the two worlds. This relationship makes Puerto Rico, its people, and its culture, very unique and special, providing a wealth of traditional and new world cultural influences.

Environment

Lewis (1965) studied the Rios family, a group of families residing in four slums in Greater San Juan and their relatives in New York City. Lewis studied them in order to contribute to the knowledge and understanding of urban slum life in San Juan; to examine the problems of adjustment and the changes in the family life of migrants to New York City; and to develop literature on intensive family case studies (p. xviii). Lewis found that there was little change in the customs, language, and social customs of Puerto Ricans living in New York. They clustered together in small islands in the community, and spent little time interacting with North Americans. Family ties remained an important component of the Puerto Rican culture. Most of the migrants expressed satisfaction with the higher standards of living in New York even though they lived in slum areas and were at the bottom of the ladder in income level in the city.

Santiago (1993) described her life growing up in the rural areas of Puerto Rico, and then chronicled how life changed when the family moved to Brooklyn. She described a life in which her mother was hard-working and the centerstone of the family, while her father earned money to feed the family and keep it together. Their living conditions were similar to the overcrowding the Ríos family experienced. When her mother and six siblings moved to Brooklyn for a better life, Santiago found a tough time adjusting to the change in the environment. There was an improvement over the housing conditions in Puerto Rico, but the family lived in a rough area of the city where crime

was rampant. As a result, Esmeralda's mother was very strict and would not allow the children to play outside or walk anywhere except to school and the grocery store. Esmeralda had a difficult time adjusting to this change, and often longed for the freedom she experienced in Puerto Rico.

Rodriguez (1991) addressed the issue of housing among Puerto Ricans in the South Bronx area of New York City. The majority of Puerto Ricans lives in the Bronx and Brooklyn, yet these two boroughs have also been major areas of housing devastation. Between 1970 and 1980 these two boroughs accounted for more than 80% of the net loss of housing units in the entire country (p. 107). Puerto Ricans are less likely to be homeowners and use a larger portion of their income for rent than any other population group. As communities were destroyed, so too were the everyday activities that were an integral part of life and functioning within the community. These changes forced the Puerto Rican community into geographic mobility which ultimately put a great strain on the ability to progress. It affected jobs, since people now had to travel greater distances to work to find employment. It affected education, making studying difficult. It affected social support networks and the development and maintenance of community organizations.

One of the major phenomenon which has occurred as a result of the Commonwealth status of Puerto Rico is that people of this culture move freely between the mainland and the island. This type of movement can affect the social networks of a community, and also hinder an acceptance of members of this culture by the mainstream population. Puerto Ricans who migrate regularly between the mainland and the island display a loyalty to Puerto Rico and its cultural heritage, which is often misunderstood by

people in the United States. A certain stigmatism is attached to this movement, which further hinders acceptance of people of this culture in America.

Puerto Ricans migrate to the United States in search of employment, education, and a better quality of life. They settle in areas where they can preserve their cultural, social, and familial wealth, enhance assimilation into the United States culture, and increase their opportunities for employment and social support (Juarbe, 1998). The largest numbers of Puerto Rican immigrants live in New York City, but other states with large populations of Puerto Ricans include Connecticut, Florida, Illinois, and New York. Antonsen (1997) studied the Puerto Rican population in the community of Bethlehem, Pennsylvania and found that immigrants came from the same region or villages in Puerto Rico in a chain migration. Large numbers of Puerto Ricans came from the villages of Patrilla and Corozal, and most came from rural areas. Antonsen found that in Bethlehem the Puerto Rican community encompasses two periods. From the late 1940s to the mid 1970s, migrants came from the rural villages. They were attracted by the availability of blue collar work, especially at Bethlehem Steel. The lack of education or knowledge of English was not a major disadvantage for this first wave of immigrants. They were able to achieve economic and social upward mobility during this time. Most of them settled in the South side of the city and lived with other immigrant groups in that community. By 1960, there were two distinct clusters of the Puerto Rican population living in Bethlehem: those living on the south side, which constituted the largest group, and those living in the northeast corner of the city in public housing. A drastic change occurred in the middle 1970s as the industrial employment of blue collar workers declined. During this time a

second wave of migrants came to Bethlehem from the slum areas of Puerto Rico and New York City. Many of them were already in a cycle of poverty.

Economics

The effects of Operation Bootstrap drastically changed the economy of Puerto Rico from one of agriculture to an industrialized island, but left many people without a job. Men often had difficulty finding employment, and the poverty situation worsened. Oftentimes women were forced into the labor market, most of them unskilled. Samuel and Thompson (1990) found that many women worked in garment factories on the island, and became quite adept at using the Singer sewing machine. When these women migrated to New York or other states in search of better employment and an improved lifestyle, they worked in the garment factories in the city. While they still received low wages, this was a big improvement compared to the working conditions in Puerto Rico. Cofer (1995) describes the many myths that stereotype Latina women as being domestics, waitresses, and factory workers with little command of the English language and other skills necessary for other jobs.

Antonsen (1997) describes similar employment opportunities in the community of Bethlehem, Pennsylvania. Most of the migrants to this area were employed in the Bethlehem Steel Mill or local garment factories. In 1969 approximately 14% of the Puerto Rican families living in Bethlehem were receiving public assistance, and 25% had incomes below the poverty level. However, this rate was better than the poverty rate of 64% in their homeland of Puerto Rico (p. 77). As the first wave of migrants from the island settled in Bethlehem and became employed in the Bethlehem Steel company and other industries, almost 75% of them were not living in poverty. The decline of

industries starting in the mid 1970s and continuing to today drastically changed the employment patterns and living conditions of Puerto Ricans in this community. By 1990 approximately 40% of the Puerto Rican community was living in poverty in Bethlehem. This closely matched the poverty level of 36% for those living in New York City, as well as for those living across the United States.

Technology

The families that were studied in the literature review had few, if any, technological commodities in their homes. The Ríos family did not have a refrigerator, washer, dryer, and, at times, running water in their homes. Santiago (1993) described a similar condition in her living arrangements on the island as well as in New York. Apartment dwellers and those who rent houses on the island might have some major appliances, such as a refrigerator that is part of the rental fee. Higgins (1995) studied Puerto Rican families in western New York. For them television, stereos, "boom boxes", cameras, and cars were valued commodities. Higgins also found that technology which improved health and well being was especially valued.

Language and Education

Spanish is the official language of the island, and is spoken at home, in schools, businesses, and the media. People from the metropolitan areas are likely to read, write, and speak English. English is taught in the schools beginning in kindergarten. Spanish remains the predominant language when one migrates to the mainland, especially among the first wave migrants who are elderly. Children who are born and raised in the United States very often speak fluent English and Spanish, but primarily speak Spanish at home.

Santiago (1993) described that the language barrier created issues in schools in America. Children who migrated from Puerto Rico were placed a grade behind the grade they were in on the island because of the inability to use the English language. This usually meant that they were placed in special education classes or some other lower level in the system, which became a hindrance to furthering their education beyond high school.

Religion

The dominant religion in Puerto Rico and for Puerto Ricans living in the United States is Roman Catholic, although not all Puerto Ricans attend church regularly. The Pentecostal religion is one of the other dominant Protestant religions for this group. Antonsen (1997) and Higgins (1995) found that the local churches in their communities celebrated mass in Spanish on Saturday evening and one mass on Sunday morning. Some of the islanders practiced Santeria, which is a blending of African and Catholic belief systems in the Caribbean (Diaz, 2000; Puerto Rico People, 2000). The santeria, or santero, often used story telling as a way of helping people cope with everyday difficulties (Spector, 2000). Santeria can be practiced in basements, homes, storefronts, and college dormitories. Santeros dress in white robes for ceremonies and wear special beaded bracelets as a sign of their identity (Spector, 2000). Some of the paraphernalia that is used by the cult of Puerto Rican Santeria include statues of saints, talismans, candles, flowers, and vases (Diaz, 2000). Believers in Puerto Rico, Brazil, and Cuba continue to practice Santeria in the traditional way.

Puerto Ricans, as well as other Hispanic groups, ascribe to beliefs in spirits and spiritualism (espiritismo). They believe that mental illness is caused by evil spirits and

forces, and people inflicted with this illness should be treated by a "spiritualist medium" (Spector, 2000).

Political

The political environment on the island is still a volatile issue with many Puerto Ricans. After America won the Spanish – American war and Puerto Rico was ceded to the United States, it was intended that Puerto Rico would undergo a brief period of tutelage before it would be granted an independent form of government. One of the most dominating political issues which has existed for many years is the status of the island for statehood, independence, or Commonwealth. To this day Puerto Rico continues to be a Commonwealth, and its people are citizens of the United States.

Kinship and Social Factors

Puerto Ricans value the family unit, and family roles and priorities are centered around the concept of familism. *La familia* is the nucleus of the community and society (Juarbe, 1998). The family unit may be nuclear or extended. Members of the family consist of parents, grandparents, great-grandparents, children, aunts, uncles, cousins, and godparents. Two or more families may live in one household. In addition to the family unit, close bonds exist among neighbors and friends. During times of illness and death, family, friends, and neighbors visit regularly and help to take care of the sick or assist in funeral arrangements. Sharing of food and other commodities is quite common without regard to ability to pay for it. Clothing is passed among the various family members and others in the barrio (neighborhood).

Children are the center of the family and are very much desired and cherished. Extended family members are expected to help care for the children, provide support, and

pass on the religious and cultural Puerto Rican traditions. Grandparents play a major role in raising grandchildren and supporting the family. As women age, they gain status for their knowledge and wisdom. Children are expected to meet the physical, emotional, and financial needs of dependent elders. Efforts are made to keep an elderly family member at home, rather than to be placed in nursing homes.

Socialization is a very important aspect of the Puerto Ricans daily activities. People who live on the island tend to gather in front of their houses every evening to talk, listen to music, dance, and socialize with each other. This can continue into late hours of the night. These practices have proved difficult at times when persons migrate to the United States.

Cofer (1995) talks about stereotypes that have been ascribed to Puerto Rican women. In Puerto Rico, women wear brightly colored clothing that oftentimes shows a lot of bare skin because of the hot climate on the island. Jewelry and other accessories are worn in abundance as part of the dress. Women move provocatively and look sexy, which is acceptable on the island, since they are protected by the traditions and mores in which a woman is protected by the family and others to maintain family honor. However, when women dress in these styles on the mainland, the stereotype exists that Hispanic women are “Hot Tamales” or sexual firebrands (p. 104).

Bodegas, which are small Puerto Rican, family owned grocery stores, are found in the Puerto Rican neighborhoods or barrios on the island and the mainland. They function as extended families, because they serve as places where people gather and interact. Bodegas help to define the neighborhood’s ethnicity and sense of belonging. Dispensation of credit, delivery of personal messages, translation, and emotional support

during personal or family crisis, gossip, and political discussions occur in the stores (Antonsen, 1997). In the community of Bethlehem, several key social organizations are found: the Puerto Rican Beneficial Society, the Holy Infancy Church Spanish Apostolate, and the Council of Spanish Speaking Organizations of the Lehigh Valley.

Cultural Values and Lifeways

The Puerto Rican culture has developed over a long period of time, and the influences of the Tainos, Africans, and Spanish are prevalent in cultural expressions. Respect for adults, parents, and elders is highly valued among Puerto Ricans, on the island as well as on the mainland. Children are expected to address adults as *Doña* (Mrs.) and *Don*, and to address aunts and uncles by tití or tío (auntie/uncle) and *madrina* or *padrino* (godmother or godfather). In health care settings, individuals should be addressed as *Sr.* (Mr.) or *Sra.* (Mrs.) (Juarbe, 1998).

Males are socialized in many families to be powerful and strong, known as *macho* (Juarbe, 1998). This type of behavior implies a certain dominance of males over females, with higher social privileges and better paying jobs for men. Girls are socialized to be modest, respectful, and subservient to men. The focus for females is on home, family dynamics, and motherhood. It is culturally acceptable for men to engage in sexual behaviors before marriage and to have extramarital affairs. Santiago's parents produced seven children over a period of 15 years of being "married", although the parents were never legally married. The same type of behavior was true of Fernanda in the Ríos family, although Fernanda's children were fathered by more than one husband. Marriages may be legal or consensual and are common among the Puerto Rican culture.

The issue of a person's racial identification is a prominent one as described by Rodriguez (1991), Rodriguez (1995), Santiago (1993), and Santiago (1995). Each of them tells stories of how their skin color was not an issue in their homeland, but became one when their families migrated to the United States. Racism does exist on the island, but not to the extent of that in the United States. Puerto Ricans are a mixture of European, Spanish, African, and Indian heritage. Racial identification in Puerto Rico is subordinate to cultural identification, but in the United States racial identification determines cultural identification to a large extent (Rodriguez, 1995). In Puerto Rico racial classification is based on the physical and social appearances of a person, such as color, class, facial features, and texture of hair, as opposed to the biological classification used in the United States (Rodriguez, 1991). Puerto Ricans classify racial types as: (1) blancos, which are the equivalent of whites in the United States; (2) indios, who are dark-skinned and have straight hair; (3) *morenos*, who are dark-skinned and have a variety of Negroid or Caucasian features; (4) negros, who are very dark-skinned black people; and (5) trigueños, who are the same as brunettes in America or to Blacks or negros of high social status (Rodriguez, 1991). In Puerto Rico, the term "negro" is often used as a term of endearment, or can be a derogatory term depending on the tone of voice and inflection. There is little or no segregation on the island. Society is culturally homogeneous and racially integrated in terms of housing, political rights, government policy, and cultural identification. Intermarriages between whites and blacks in Puerto Rico are acceptable. Frequently children are raised by nonbiological families without regard to color of the skin.

Puerto Ricans are "present" oriented, with a relativistic view of time

(Juarbe, 1998). This view often results in people not abiding to times for scheduled appointments. It is common for Puerto Ricans to be two or three hours late for appointments, or to drop in whenever they so desire. This is more of an issue in the United States than on the island, as the American culture functions on very strict time frames and future orientation.

Folk Practices

Folk medicine is an important aspect of Puerto Rican health care beliefs, and is often used as the first line of treatment for various problems before seeking modern health care. Folk practices may also be used in conjunction with more modern health care. Some Puerto Ricans use religious practices such as *Espiritismo* and *Santería* as part of their folk practices. These practices include the use of natural herbs, incenses, special bathing herbs, prayer books, prayers, and figurines for treating illness and disease. *Bótanicas* (stores that contain religious items, candles, potions, and scents) are frequented by those who practice these traditions. Puerto Ricans on the island as well as those who have migrated to the United States often seek the services of a *curandero* (healer). *Curanderos* prescribe homemade remedies and manipulate body parts as part of treatment for ailments (Péroz-Montijo, Ortiz, Méndez, & Santiago, 1996).

Harwood (1971) studied the hot and cold theory of disease among Puerto Ricans in New York City. This theory stems from the Hippocratic theory of disease, which defines that the basic functions of the body are regulated by four humors: blood, phlegm, black bile, and yellow bile. Health occurs when there is a balance among the four humors in a wet, warm body. Illness results from a humoral imbalance in which the body becomes excessively dry, cold, hot, wet, or a combination of these states. Diseases are

classified as hot or cold. Treatments, such as food, herbs, and medications, are classified as wet or dry, and hot (*caliente)*, cold (*frio*), or cool (*fresco*), and are used to restore the body to its natural balance (Spector, 2000; Harwood, 1971).

Zaldivar and Smolowitz (1994) surveyed 104 non Mexican-American Hispanic adults with diabetes to examine what role, if any, religious, spiritual, and folk medicine beliefs played in their perception of diabetes and treatment choices. The majority of the participants were born in the Dominican Republic or Puerto Rico. Participants in the study were knowledgeable about the potential long-term complications of diabetes mellitus, and the majority of them believed that these complications were inevitable. A very striking finding from this study was that participants believed that they had developed diabetes because it was God's will. Twenty-eight percent of them believed that having diabetes was a punishment from God (p. 305). A vast majority of the respondents (81%) stated that God controls their diabetes, and 55% said their priest helped them control it. Another finding from this study indicated that persons with diabetes believed in certain folktales related to the cause of the disease. Some believed they had diabetes because they were "very nervous", others because they ate too many sweets as a child. Most of the participants said they did not use herbs or folk medicine to treat their diabetes, and the majority of them (81%) indicated they seek the help of a physician first when they have a problem with the diabetes. None of the participants turned to a priest, botanica owner, pharmacist, or spiritualist for problems with the disease.

Puerto Ricans seeking health care may go to a medical doctor or to a folk practitioner, or both. There is usually a general pattern of practices that is followed by an

individual. Many times a person seeks advice from women such as mothers, grandmothers, and neighbor women as a first step in treating the problem. If this is ineffective, the person may seek help from a *senoria*, who is a woman that is very knowledgeable about causes and treatment of illness. The next step would be to seek the help of an *espiritista* or a *curandera*. If still not satisfied, then the person may seek the advice of a physician. The person may return to a folk practitioner, even while under the services of a doctor, or may seek professional help earlier in the illness (Spector, 2000).

B. Culture Care Studies

An intensive literature review revealed that few transcultural nursing studies have been done which have focused on the elderly Puerto Rican. However, several research studies of older adults have been conducted within the qualitative paradigm using the Culture Care theory as a theoretical foundation. Some of them are presented in this section.

Rosenbaum (1990) investigated the meanings and experiences of older Greek Canadian widows in regard to cultural care, health, and grief phenomena. She discovered that care was central in the lives of the widows. Care by family members was essential to the health and well being of the widows. Care was reflected in several ways: grown daughters assisted their mothers in daily activities, regular visiting from family members, companionship for the widows, and the importance of religion in their lives. All of the key informants reported that giving and receiving care was beneficial to them and contributed to their health. It also helped to fill the void which was created when their husbands passed away.

Wenger (1991) studied the culture care of the Old Order Amish. Wenger looked at the meanings and expressions of care, functions of care, and influences of social structure, environmental context, and cultural lifeways on the use of generic and professional care services. The findings of this study showed that care for the Amish is integrated with everyday life, language, religious values, and family. Personal and intergenerational contacts are essential to the health and well being of the Amish.

Finn and Lee (1996) studied the culture, lifeways, and health care systems of the Chinese culture. The authors found that religious and philosophical factors, kinship, and political and economic factors were very important to this culture. Traditional Chinese folk practices are widely used in the Chinese health care system, and the system does not appear as advanced in medical treatments and technology as in Western practices.

MacNeil (1996) studied the meanings, patterns, and expressions of care in Baganda women as AIDS caregivers. Culture care was described as responsibility, love and comfort based on family, religion, and culture. Culture care helped diminish a void in life after the death of the family member.

McFarland (1997) studied the care expressions, practices, and patterns of Anglo-American and African-American elders living in long-term care institutions in order to identify the generic and professional care factors that promote health and beneficial lifeways for elderly residents in order to provide culturally congruent nursing care within the long-term care facility. McFarland identified four major themes that emerged from data analysis: (a) residents used generic care to maintain their preadmission generic lifeways; (b) selected aspects of professional care were provided by the nursing staff to support beneficial and satisfying lifeways to residents; (c) institutional care patterns were

viewed and expressed as a continuing life experience, but there were differences between residents living in the apartments and those in the nursing home section; and (d) an institutional culture was discovered which reflected unique lifeways and shared care and health expressions and patterns for the residents in the long-term care setting.

Stasiak (1991) examined the meanings and practices of folk care and professional care of Mexican-Americans living in an urban Midwest community. Culture specific constructs which emerged were filial love, well being, respect, confidence, and succorance. McKenna (1989) analyzed the dimensions of social structure and value orientations of elderly Mexican Americans. This population is extremely vulnerable since they suffer from problems related to aging, and have a lower social status due to their ethnic background. Several key factors emerged that impact on health status and related health behaviors of urban elderly Mexican Americans. Elderly urban Mexican Americans are poor, have limited access to medical resources, and describe their health as "poor" (p.48). Elderly Mexican Americans were found to be at risk for depression related to moving from their homeland to a rural and/or urban area, leading to a loss of traditions and continuity in their lives. Family support, however, remained important in maintaining the health and well being, physically and psychologically, of these elders.

Zoucha (1998) explored the experiences, patterns, meanings, and views of Mexican Americans receiving professional nursing care using the ethnonursing research method. Zoucha was interested in discovering the emic views of Mexican Americans when they received nursing care. He explored the differences and similarities of values and expectations of Mexican Americans in care and caring expressions of family members and friends and that given by professional nurses. Nursing care practices that

hinder or promote health and well being were also examined. Three major themes were discovered in this study. Mexican Americans expected and valued care patterns and expressions from registered nurses that were warm, personal, friendly, and respectful. Participants felt that professional nurses exemplified these values when they were attentive to the needs of the person, took time with them, made an attempt to communicate in Spanish, and showed respect for them while delivering care. The second universal theme discovered that Mexican Americans viewed nurses as noncaring if they did not combine Mexican American generic care values with professional nursing practices. Nurses were described as noncaring if they rushed through their nursing care, did not communicate in Spanish while delivering care, and did not show respect for clients during care delivery. Confidence (confienza) was the third universal theme uncovered in this study. Informants indicated that generic care provided by family and friends to Mexican Americans was always given with love and confidence. However, nurses must earn the confidence of clients of this culture in their provision of professional care. The theme of attentiveness of nurses to client's needs, and being personal and friendly emerged as practices which built confidence of Mexican Americans in professional nurses who were caring for them.

Higgins (1995, 2000) explored the cultural beliefs of Puerto Rican families that influenced child feeding practices and the nutritional status of infants and young children. The Culture Care Theory and ethnonursing research methods were used in this study. Thirteen universal themes were identified. Love of family emerged as the strongest cultural value, and religion was the strongest cultural belief. Family care emerged as the center of the Puerto Rican culture. Children are cherished, and care of the child is shared

by family members. The father is expected to provide financial and emotional support, and to give the child his name even if he is not married to the mother. Family ties of Puerto Ricans are based on blood relationships rather than legal ones. Respect emerged as a universal theme of culture care, especially respect for the grandmother. Respect includes an attitude of deference by the mother. As a result, children are eating patterns and practices were very permissive. Infant feeding practices were primarily influenced by grandmothers and older sisters. A big baby was considered to be a healthy baby, so overfeeding the infant was common. Culture care practices included feeding children traditional Puerto Rican foods to make them big and healthy, especially on religious holidays. The majority of the informants in this study did not breast feed their infants. Another universal theme which emerged from this study was that grandmothers, older sisters, and sisters-in-law were expected to teach the new mother about feeding her infant as part of culture care. Love of family, family involvement, and respect are dominant cultural values of Puerto Ricans.

Ludwig-Beymer, Blankemeier, Casas-Byots, and Suarez-Balcazar (1996) used Leininger's theory of Culture Care as a framework to collect data in doing an assessment in a suburban Hispanic community. The purpose was to identify health beliefs, strengths, needs, and priorities of the Latino community. Most of the participants were Mexican American, married, and ranged in age from 16 to 81 years old. The findings revealed that having access to family and friends for socialization and help was important to members of this cultural group. Access to prenatal, postnatal, and pediatric care also emerged as a strength to the community. The most common needs which were identified included the need for Spanish speaking health care providers, especially dentists, and the provision of

services at a reasonable cost. This study increased the knowledge about Hispanics living in a suburban setting and also allowed for Leininger's Culture Care theory to be used in an interdisciplinary community-based research project.

Transcultural nursing studies which are specific to older Puerto Rican adults were not found in the literature. Studies are needed which focus on this particular cultural group.

C. Hispanic Studies

Several studies were found in the literature which explore the meaning of health, well being, and care for the Hispanic population. Researchers have focused on Hispanics or Latinos as a cultural group, but these studies may not be representative of specific cultural groups which are classified as Hispanic. The greatest amount of research has concentrated on Mexican-Americans, while few studies have focused on the Puerto Rican culture. This section will examine studies on the Hispanic culture and specific research on the Puerto Rican culture.

Gordon (1994) studied Hispanic health beliefs and their affect on health care practices. Home remedies were found to be important in the caregiving of an ill Hispanic person. The importance of establishing trust and mutual respect between the nurse and the client with different cultural beliefs was identified in the study. The need to respect the cultural values of the person and to treat the client holistically were themes which also emerged from this study.

Using the phenomenological method, Davis (1994) studied the meaning of ethnic identity for Puerto Rican women, and the nature of the caregiving experience of these women. The women described ethnic identity as something that belongs only to them, as

their roots. Openness is a quality that is highly valued among Puerto Ricans. The women in this study said family is the core of ethnic identity. The family includes extended family, close friends, and neighbors in addition to the immediate family. Primary caregiving responsibilities belong to women in the Puerto Rican culture. Women are responsible for the health care of family members, and maintain family unity and wellness. In times of illness women provide support and care to ill family members. The women in this study described "being there" as an important positive caregiving activity (p. 24). They described "being there" as being involved, concerned about another person, available to listen to, care for, and be with an individual. Togetherness is essential to "being there." Nurturance was identified as a primary responsibility of the caregiver. Nurturance includes providing love and affection in times of illness, cuddling, physical closeness, and comforting. These experiences are valuable and meaningful to Puerto Rican women, and are closely linked to ethnic identity of this culture.

Higgins and Learn (1999) studied the patterns and variability of health practices used by Hispanic women aged 20-40 years using a focused ethnography method. Leininger's theory of Culture Care provided the theoretical framework for the study. The researchers asked the women questions regarding health and health maintenance, disease prevention and health promotion, safety of self and family and health practices based on their culture. The women in this study perceived health as within their control, and defined health as taking care of their body and not being sick. Health maintenance activities included good nutrition, eating less fatty food, adequate rest, and exercise. Disease prevention included annual physical examinations, reduced fat intake, moderate alcohol use, no smoking, and use of sunscreen. Health promotion activities included

stress reduction, exercise, maintaining optimal body weight, taking vitamins, reading food labels, and safe sex. Cleanliness of self and environment emerged as a theme in being healthy. Family safety was emphasized much more than personal safety, and included the use of seat belts, traffic safety, and childproofing the home. Health activities related to the Hispanic culture were not that evident, as the women in this study tended to follow contemporary American health practices. Some of the women used herbal teas or other medicines to treat illness. Sexual abstinence before marriage emerged in three of the seven interviews. Prayer and spirituality were mentioned in the interviews, but were not emphasized in great detail.

An ethnographic study done by Martinez (1999) examined how older Hispanics living in rural Colorado defined health. The sample consisted of 14 primary participants ranging in age from 60 to 89 years, 6 health professionals and 2 clergy who practiced in the community. All of the participants were asked about health and well being. Family, community, God, and health emerged as the four major cultural themes in the study. For these Hispanics the family unit included immediate and extended blood relatives and close friends. Older adults acted as consultants to children and grandchildren about issues of everyday life. Younger people were expected to show respect for the elderly and to provide care for them whenever they needed help. Older adults expressed a desire to live independently, and did not want to be a burden to their family. God was an essential component of the elder Hispanic person's life. The participants felt that God ultimately controlled their lives, and He guided them in making decisions or taking specific actions to promote healing. Three subcategories of the domain of health were identified by these Hispanic elders: spiritual, physical and mental. Spiritual health was

regarded by most of the elders as the most important component of the self. For these elders, spiritual health involved living everyday in a way that was acceptable to God, self, and others. Physical health of elders was maintained using both modern medicine and traditional healing methods. Traditional healing methods included *remedios* (remedies such as herbs or folk treatments), *curanderas* (natural healers of the Mexican culture), over-the-counter preparations, and prayer. The type of method used, either modern medicine or traditional healing, depended upon the type of health problem the elder was experiencing, availability or access to each, and individual preference. Diabetes Mellitus was a common condition among these Hispanics. Often they used *remedios* in addition to medications prescribed by physicians to control symptoms and promote comfort. Mental illness was misunderstood in the community. Some people believed that mental illness was caused by witchcraft or excessive use of alcohol. Family members were embarrassed by the behaviors of their mentally ill family member. Health was achieved by creating balance in one's life and focusing on things that were of the most importance to the elder. Health was also seen as vital for meeting individual and community obligations. Good health allowed them to help care for others in the family or the community, thereby insuring an eternal life after death. Faith was seen as important to good health. God was important in the lives of these elders, and prayer and other religious rituals were important to good health. Illness was seen as a challenge for people to live their faith.

Schiavenato (1997) reported on the issues that are unique to Hispanic elderly and how these factors affect the care of the Hispanic elder. Hispanics are more likely to live below the poverty line, and to have less access to health care than non-Hispanics.

Hispanics have a lower mortality rate than non-Hispanics, but higher rates of certain diseases such as stomach cancer, obesity, and Diabetes Mellitus Type II. Religion plays a major role in the views of elder Hispanics. They believe that life and health are controlled by a divine being. As a result, the elder Hispanic may believe that he/she has little control over his or her health, or they express a sense of hope which is deeply rooted in religion. Hispanics value respect and courtesy, and maintain traditional gender roles. They are "present time" oriented, and do not view punctuality as a priority. Schiavento described the "acculturation hypothesis" which affects the Hispanic elder (p. 12). According to this hypothesis, Hispanics in the United States who practice ways of their traditional culture have better health outcomes than those who are more assimilated into the American culture. The author acknowledged that the term Hispanic, which encompasses persons of Puerto Rican, Cuban, Mexican, South American, or Spanish descent does not accurately reflect the richness and diversity of each of these cultures. The heterogeneity of Hispanic people must be considered in order to promote positive health outcomes for individual members of the group. The family is very important in the lives of Hispanic elders, and strong family ties are evident within this cultural group. For some elders the use of folk or home remedies is important to the maintenance of health, and, therefore, should be incorporated into any health care treatment plan as long as it does not interfere negatively with treatment. Elder Hispanics are held in high respect and care for them is generally provided in the home. Elders who need to be institutionalized often suffer feelings of isolation, anxiety, and loneliness.

D. Elderly and Minority Issues

Policy Implications

Policy discussions related to minority elderly are invisible in the United States, even though the elderly are a central focus of public policy, as are racial and ethnic minorities (Wallace & Villa, 1997). This is attributed to the fact that even though the numbers of minority elderly are growing, the proportions of minority elderly have been comparatively small. The non-Latino white population has the highest proportions of elderly, whereas minority populations have the highest proportions of children and youth. The Latino population is the youngest, with about 6 youths per elder (Wallace & Villa, 1997). Therefore, issues related to the needs of youth, such as education, employment, and health, are more prominent among policy discussions in relationship to minority communities. The social problems that are experienced by youth, such as gang violence and drug abuse, are much more visible to the community than the problems faced by the elderly, such as chronic illness, poverty, and inadequate housing. Elderly issues become problems and cause disruptions for families, but not for the larger community. Minority elderly experience greater family support than non-Latino white elderly, further compounding the lack of inadequate public policy directed at this population.

Policymakers have paid little attention to the fact that the growing population of elderly will also be the most racially and ethnically diverse in United States' history (Wallace, Enriquez-Haass, & Markides, 1998). Race and gender greatly influence the economic status of older persons. Older African-Americans and Latinos are two to three times more likely to live in poverty than older whites. Older women in each of these races are poorer than older men, due in part to the fact that they have lower pensions and

live alone more commonly than older men. Older minorities also have fewer assets than white elderly.

Low income levels and poverty influence the health care services available to older minorities. There is evidence that older Latinos tend to be in relatively good health, despite their poor economic status (Wallace, Enriquez-Haass, & Markides, 1998). Data have shown that mortality rates for Latinos are lower than whites in almost every age bracket, and that this advantage is higher for males, especially in cardiovascular and cancer mortality. However, there is evidence of poor health and high rates of disability among Mexican-Americans and Puerto Ricans compared to whites, especially due to the high incidence of diabetes and obesity among older Latinos. However, many Latinos receive inadequate health care due to low incomes, lack of supplemental health insurance, and cultural differences between older Latinos and their medical providers. Latinos also have lower rates of elders in nursing homes. This may be due in part to the strong cultural expectation that family members care for their elders at home.

Social Issues

Lockery (1991) examined diversity in intergenerational family and social support patterns that affect caregiving of older African Americans, American Indians, Asian and Pacific Islanders, and persons of Hispanic origins. The family continues to be the primary source of social support or caregiving for elderly. Research is beginning to emerge, however, that challenges the assumptions of benefits and consequences of large and cohesive family support systems among racial and ethnic minorities. A large family, informal support systems, and a high social density are not accurate indicators of social support. In fact, these systems, which are thought to relieve strain, may actually be the

cause of strain. Hispanic subculture (Mexican Americans, Puerto Ricans, Cubans, Central and South Americans) social supports have similar familial characteristics, although differences do exist among the subcultures. Hispanic families have strong bonds with family members, and frequent interaction is extremely important. The elderly are held in high esteem, and the family is expected to care for them as they age and treat them with respect. However, findings from several studies are showing that diversity in caregiving among the Hispanic subcultures does exist. Older Cuban Americans seek help only from children, not other family members. Puerto Ricans rely on themselves or friends more so than family members for assistance. Mexican American families show patterns of three generational reciprocity in helping between the elderly and their children. Further research and study is needed to address the issues of caregiving and intergenerational support within racial and ethnic minority families.

Delgado (1995) examined the natural support systems of Puerto Rican elders. Natural support systems represent cultural variations of social support or assistive acts (p. 116). The utilization of natural support systems is central to the development of cultural competence and congruence in developing care systems for elders of color. Natural support systems of Puerto Ricans must be cultivated in order to provide for the need of the elderly. These systems play an important role in fostering the transmission of cultural values within a community. Collaboration between agencies and Puerto Rican natural support systems is invaluable in developing interventions which address the needs of Puerto Rican elders, their families, and their community.

Gironda, Lubben, and Atchison (1999) studied the social integration patterns of elderly people based upon the number and proximity of adult children. Four

subcomponents of social integration were examined: family, friendships, confidant relationships, and mutual support. Results from this study showed that elders without children have less overall contact with relatives, and that substitution of other family members does not occur. No differences were seen between childless elders and the comparison groups with regards to friendship networks. Childless elders are no less isolated from friendships than elders with adult children. Elders who had children were significantly more likely to have a confidant than those who had no children. The social network scores were lower for elderly without children, indicating that this group could be at risk for social isolation. The study also found that elders without children were significantly less financially secure, in poorer health, older, black, female, unmarried, and living alone. There were no differences in levels of education or mental health problems among the sample.

Delgado (1996) studied the role of religious institutions in meeting social service needs of elderly Puerto Ricans. He examined the role of religious organizations in providing care for Puerto Rican elders. The findings in this study revealed that religious organizations have focused almost exclusively on the spiritual needs of Puerto Rican elders, and social service needs must be addressed by family or other caregivers. The findings from this study have major social implications. It cannot be assumed that churches will provide outreach programs to Puerto Rican or other Latino elders. The community and natural support systems must be involved in providing social services to Puerto Rican elders, as religious institutions may not provide the support that is needed by this group.

Health Considerations

Marks et al. (1987) examined several aspects of cultural assimilation, such as physical exam, screening for breast cancer, and language, as they related to preventive health behaviors of six hundred three elderly Hispanic women living in publicly subsidized housing projects in Los Angeles. Many of these participants had recently used health services, since the projects were located in an urban area with easy access to these services. Overall, the level of assimilation of this sample was small, yet this was not a barrier to utilization of health services by these women. The findings suggest that variables other than assimilation are better predictors of health behavior.

Ailinger and Causey (1995) interviewed older Hispanic immigrants living in the metropolitan Washington, DC area to determine the meaning of health to this cultural group. Dimensions of spirituality, integration of physical, emotional, and spiritual factors, and family were mentioned as influencing health. The findings in this study suggest that the health care needs of older Hispanics may not be addressed by the health care system.

Davis (1996) examined the meaning of health care experiences as perceived by Puerto Rican women. The women identified ethnic identity as being important. This includes qualities such as hospitality, openness, communication, and the importance of family. Attempts by providers to speak the Spanish language were perceived as caring behaviors. Health care encounters with Puerto Rican women need to begin by greeting them and expressing interest in them on a personal level. The family must be recognized as being critical to the care of a member of Puerto Rican descent.

Juarbe (1995) reported on the sociopolitical and cultural issues which influence the health of Hispanic women and their ability to access health care. Hispanics have less access to health care than almost any other group, and access has been defined in terms of economic status, education, and language issues. Cuban and Puerto Rican women tend to have greater access to and utilization of preventative services than Mexican women. Puerto Rican families have a higher poverty rate, earn low wages, and have higher female headed households. Puerto Rican women also have lower educational attainment, thereby compounding the problem of poor wages due to low paying jobs. Females with lower educational levels tend to not practice behaviors which promote health, or to access health care for themselves and their families. Language barriers contribute to this cycle of poverty, and these barriers have been identified as an important implication for practice in providing mental health services for Hispanic women. Access to health care for Hispanic women is also related to the issues regarding culturally competent care. Health care professionals who are not part of the culture or have little or no understanding of it design health care plans without considering the traditional cultural beliefs, practices and values of the individual. Cultural values may have a greater impact on the health of women than other factors such as sociodemographic variables. Therefore, it is imperative that cultural beliefs and practices be considered in order to improve access to health care by Hispanic women.

E. Summary

The ethnohistory of the Puerto Rican people revealed a deep and rich cultural heritage from Spanish, Taino, and African backgrounds. Cultural values and lifeways played an important role in the lives of elderly Puerto Ricans. Since Puerto Ricans are

citizens of the United States, travel between the island and the mainland occurs regularly, thereby keeping the cultural values a dominant focus in the lives of these people. Cultural beliefs and values serve as a guide in shaping the lifeways and care practices which influence the health and well being of elderly Puerto Ricans. It is essential to uncover the emic perspective with regards to culture care in order to provide culturally congruent care to Puerto Rican elders.

The challenges facing the Puerto Rican elder are twofold. The elderly person experiences changes in health and well being as a natural progression of the aging process. Additionally, the minority status of elders of Puerto Rican descent further compounds the challenges of providing care that is culturally acceptable and congruent. Review of the literature has shown that elderly Puerto Ricans tend to be poorer than nonHispanic elders, have less access to health care, and experience higher incidence of chronic diseases such as diabetes, yet tend to live as long as or longer than non-Hispanic elderly. This means that nurses will be caring for Puerto Rican elders in increasing numbers as the elderly population increases. Transcultural nursing knowledge is necessary in meeting the challenges of providing culture care that is meaningful and beneficial to this population. Health care providers in general, and nurses in particular, must be fluent in their knowledge base with regards to culture care patterns, practices, and expressions which influence health and well being of elder Puerto Ricans. Generic beliefs and practices must be understood in order to incorporate those practices into professional nursing care. Nurses must be well versed in transcultural nursing knowledge about Puerto Rican care practices in order to attain the goal of providing culturally congruent care.

A review of the literature has shown that little research has been conducted within the qualitative ethnonursing paradigm to discover the universalities and diversities of care practices of elder Puerto Ricans. Several transcultural nursing studies have been undertaken to examine the health care practices of elderly from other cultures, such as Greeks, Amish, African-Americans, and Mexican-Americans. The majority of research that has been done has focused on Hispanics in general. While similarities may exist among Hispanics, it is imperative to uncover the diversities that exist among them. This can only be accomplished through research that specifically studies a particular culture. Therefore, the culture care expressions, patterns, and beliefs which influence the health and well being of community dwelling elderly Puerto Ricans needs to be discovered in order to reach a deeper understanding of this cultural group. Transcultural nursing research which focuses on the discovery of the emic views of elderly Puerto Ricans with regards to the meaning of health, well being, and care practices is essential to fill the gaps that exist in the literature. This study offers an opportunity to begin this process.

F. Guiding Framework

Leininger's (1991) theory of Culture Care Diversity and Universality served as the guiding framework for this study. According to Leininger (1995, p. 97) the purpose of the Culture Care theory is to "…discover the diversities (differences) and universalities (similarities) in order to generate new knowledge to guide nursing care practices". These diversities and universalities are in relation to worldview, social structure, features, ethnohistory, environment, and generic and professional care (Leininger, 1993). The goal of the theory is to "…provide culturally congruent and competent nursing care that would lead to client or group health and well-being" (Leininger, 1995, p. 97). The theory

provided a basis to uncover the culture care phenomena which are embedded within the Puerto Rican culture. These phenomena influenced the health and well being of elderly Puerto Ricans, and their discovery generated nursing knowledge to guide care for these people.

Leininger linked the concepts of emic (insider's) and etic (outsider's) views with phenomena she termed generic care and professional care. Generic care refers to indigenous, folk, or lay care that is culturally transmitted, and which provides assistive, supportive, and facilitative care to improve health and well being. Professional care refers to care that is learned through formal education, and is the basis upon which professional nurses practice and deliver care to their clients. In this study the researcher uncovered the generic care practices which were important to the maintenance of health in the elder Puerto Rican. Through the culture care theory, the researcher gained an understanding of the professional care practices that enhance or hinder health and well being of this cultural group. This discovery allowed for the planning of nursing care that fits with their cultural expectations and needs.

The Sunrise Model (Appendix A) served as a conceptual guide and visual image depicting the major dimensions of the Culture Care Theory (Leininger, 1991a). The model helped the researcher to inductively discover, explain, and predict culture care knowledge and its influences in developing culturally congruent care. The upper part of the model depicts the culture care worldview and social structure (including technology, religion, kinship, values and lifeways, politics, economics, and education) as a dynamic process influencing health care expressions and, ultimately, health and well being. The impact of these processes was considered for individuals, families, groups, communities,

and institutions in relation to generic and professional systems through nursing care in the lower part of the model. Nursing care decisions and actions are based on three modes of nursing actions: (a) cultural care preservation and/or maintenance, (b) cultural care accommodation and/or negotiation, and (c) cultural care repatterning and/or restructuring (Leininger, 1985a, 1991a, 1993, 1995). According to Leininger (1988, p. 156) cultural care preservation and/or maintenance refers to those assistive, supportive, or enabling professional actions and decisions that help clients of a particular culture preserve or maintain a state of health or to recover from illness or face death. Cultural care accommodation and/or negotiation refers to those assistive, supporting, or enabling professional actions and decisions that help clients of a particular culture to adapt to or negotiate for a beneficial or satisfying health status or to face death. Cultural care repatterning and/or restructuring refers to those assistive, supportive, or enabling professional actions or decisions that help clients change their lifeways for new or different patterns that are culturally meaningful and satisfying or that support beneficial and healthy life patterns.

The culture care theory and Sunrise Model provided a guide for the researcher to uncover the meaning of health and well being of elderly Puerto Ricans, as well as the underlying dimensions which impact on this concept. This conceptual orientation was used to discover the culture care practices among this population, with the ultimate goal of using the theory to provide culturally congruent care.

III. METHOD

A. Methodology

The ethnonursing research method was used to examine the meanings, beliefs, expressions, and practices of care and health as described by elderly Puerto Ricans living in their own homes. The method was developed by Leininger (1985b, 1991b, 1997) to facilitate the discovery of data within the context of the Culture Care Theory. Leininger (1997) has defined ethnonursing as:

> …a qualitative nursing research method focused on naturalistic, open discoveries, and largely inductive modes to document, describe, explain, and interpret informants' worldview, meanings, symbols, and life experiences as they bear upon actual or potential nursing phenomena (p. 42).

The researcher chose this method to uncover phenomena related to the domain of inquiry for several reasons. First, the researcher was interested in uncovering the views of the elderly Puerto Rican related to health and well being. The people-centered philosophy of the ethnonursing research method was well-suited to teasing out this information. Secondly, the ethnonursing research method assisted the researcher to obtain meaningful, accurate, and credible data which reflected the cultural lifeways and insights about care, health, and well being of elderly Puerto Ricans (Leininger, 1991b, 1997). Thirdly, the ethnonursing method allowed the researcher to uncover the emic or insider's viewpoints of generic care practices and to distinguish them from the etic or outsider's viewpoints of professional care (Leininger, 1985b, 1991b, 1997). Comparing and contrasting the emic and etic perspective of elder Puerto Ricans in relationship to the

meaning of health and well being provided a basis to discover the nursing care practices that may hinder or enhance health and well being for this cultural group.

B. Setting

The setting for this study was a mid-sized community in eastern Pennsylvania. The community encompasses two counties, and has a population of approximately 60,000 people. It is divided into two geographic areas separated by a river: the north side and the south side. The primary industry in the community was steel making, and a large steel mill is partially standing on the south side. The mill has not produced steel for approximately five years; it had served as the major employer in the area for over 75 years.

There are several housing projects dispersed throughout the community, most of which are located on the south side. The majority of the elderly Puerto Ricans, or key informants, lived in two or three of these housing units. The public housing units are high rise apartments, with an elevator and stairs located in them to reach individual apartments. A community room is located on the main or ground floor of each of the buildings. In general, this area of the city is comprised of low income families, minorities, and people of European ethnic descent. The minority groups are mainly of Hispanic and African American cultural backgrounds. Spanish is a predominant language spoken in the home. Many churches of various denominations are located throughout the city. One of the Catholic churches on the South side has a bilingual pastor, and two masses every weekend are offered in Spanish. Many of the Hispanic elders belong to this church and attend the Spanish mass.

There are two Senior Citizen Centers located in the city. One Senior Citizen Center is located on the south side, and one on the north side. The center on the South side is run by the Spanish Speaking Council. Many Hispanic elders regularly attend the Senior Center for socialization, cultural celebrations, and lunch. Only one Caucasian female comes to the Center. Spanish is the predominant language spoken at the Center. Few of the seniors who come to the Center have their own means of transportation. The majority of them ride the bus or public transportation to and from their homes to the senior center. They generally arrive at the Center around 9:30 a.m., and leave about 1:30 p.m. Occasionally trips to the casinos in New Jersey are planned for those who are interested. The Center is located in the back of a church which has been converted to accommodate the Center. In the front area there is a clinic for the Women, Infants, and Children (WIC) program for low income families. Offices of the Spanish Council are located on the other side of the Center. The Center itself consists of one large room, with six long tables and five small round tables located throughout the room. A large kitchen is located to the side of the room, and there is a male and female rest room centrally located in the Center. The men tend to gather around one table to play dominoes, and the women gather at various tables to do activities such as knitting, sewing, and crafts. There is a large screen television in the front of the room, and the Spanish channel is always on for viewing. Once a week a low level exercise class is held for the elders. The researcher regularly conducted a blood pressure screening at the center, and presented programs to the elders on topics such as brain attack, heart attack, diabetes, and hypertension. The local health bureau conducts clinics for flu shots. Programs have also been presented to help the elders file their annual income taxes.

Traditional holidays are celebrated at the Center. The elders celebrate Christmas, but the biggest celebration is held on The Feast of the Three Kings. Gifts are exchanged at that time, and a feast is prepared by the staff in the kitchen. *Cinco de Mayo* is celebrated with a big party and traditional Mexican food and dance.

The director of the Center, who is an older Puerto Rican female, is treated with great respect. She serves in many roles, and is involved in helping the elders and their families as much as possible. Since she has a car, she frequently takes the elders to doctor's appointments, to the hospital or clinic for tests, or visits the elders in their homes or in the hospital. She organizes all activities for the center, and is very involved in the community. She is fluent in English as well as Spanish.

A hospital is located on the South side, although it is not actually located in the city limits. It is a tertiary care trauma center and teaching hospital, and serves a vast majority of the residents of the community. Several clinics are located in the hospital, and the Emergency Room is open 24 hours a day. Public transportation runs regularly to the hospital. The hospital is within walking distance of several areas of the south side. The hospital runs two family centered clinics in the city, located at two elementary schools which are attended primarily by Puerto Rican and black students. One is on the south side and one is on the north side. The clinics provide primary care for families, although children are the focus of the care. The hospital has two mobile vans which travel to various locations throughout the city. The vans are staffed with nurses, doctors, dental hygienists, and lab personnel to provide point of contact primary care to individuals in the community. The primary target is children but, occasionally, care has been given to older adults in the community.

C. Informants

Key and general informants are a major source for nurse researchers to learn about people and their cultural care, well being, health, and general lifeways (Leininger, 1991b, p. 110). The researcher interviewed twelve key informants and twenty-one general informants. According to Leininger (1991b, p. 110) key informants are persons who are most knowledgeable about the domain of inquiry and reflect the values, beliefs, and lifeways of the culture. They are also interested in and are willing to participate in the study. The key informants were Puerto Rican, aged 60 years or older, living in the community as identified in Table 1 (Selection Criteria for Key and General Informants). General informants do not have complete knowledge of the domain of inquiry; instead, they have broad ideas about the domain and are willing to share their knowledge and ideas (Leininger, 1991b). General informants included persons of Puerto Rican descent, persons who were not Puerto Rican, nurses, family members, and members of the community who had a general knowledge and ideas about the domain of inquiry.

Table 1

Criteria for Selection of Key and General Informants

KEY INFORMANTS	GENERAL INFORMANTS
1. Male or female who identifies self as Puerto Rican.	1. Family members, community members, nurses, or physicians who may or may not be Puerto Rican.
2. 60 years of age or older.	2. 18 years of age or older.
3. Lives in the community identified.	3. Lives or works in the community identified.
4. Knowledgeable about the domain of inquiry.	4. Less knowledgeable about the domain of inquiry than key informants but able to offer reflective data.
5. Able to answer questions.	5. Gives verbal consent to participate in the study.
6. Gives verbal consent to participate in the study.	

D. Research Enablers

Semi-structured open inquiry interview guides were used as enablers for this study (Appendices B and C). The interview guides were developed by the researcher to elicit an understanding of the domain of inquiry for this study: to discover the meanings and practices of folk and professional care of elderly Puerto Ricans living in a mid-size community. The interview questions guided the researcher through the process of uncovering the emic views of older Puerto Ricans in relationship to: (1) the culture care patterns and practices that influenced their health and well being; (2) generic folk practices that influenced health, well being, and care; and (3) the specific professional nursing care actions and decisions that hindered or enhanced health and well being of this cultural group. The open-ended interview allowed the researcher to obtain the worldview of the informants without preconceived ideas related to the questions. The interview guide for key and general informants was structured so as to provide rich and meaningful

data from the emic or insiders' perspective. Additionally, a second interview guide was used to obtain data from general informants. The overall purpose and goal of the ethnonursing research method guided the study in order to obtain rich and meaningful data about the domain of inquiry.

E. Data Collection

The researcher collected data using the ethnonursing research method in the informants' naturalistic environment. Four key informants were interviewed in their home, and eight key informants were interviewed in a private room at the Hispanic Senior Center. General informants were interviewed in their home, at the Hispanic Senior Center, in their office, or in the researcher's office. The Observation-Participation-Reflection (OPR) Enabler and the Stranger to Trusted Friend Enabler (Leininger, 1991b, 1997) guided the research process and assisted the researcher in obtaining meaningful and credible data from an emic perspective.

The Stranger to Trusted Friend Enabler (Appendix D) allowed the researcher to move from a distrusted researcher to a trusted friend in order to obtain accurate, insightful, and in-depth data from key and general informants (Leininger, 1991b, 1997). This was essential to the ethnonursing research process. The researcher was involved at the Hispanic Senior Center for two years prior to starting the interview process, and continued to attend activities at the Center during the data collection phase. She originally entered the Center through the hospital health van to do blood pressure screening. However, early in the process the researcher decided to conduct a study looking at the meaning of health and well being of elderly Puerto Ricans. Therefore, the researcher chose to remain involved with the Senior Center by becoming actively

involved on committees, attending social events when invited, and continuing health programs at the Center. Initially the researcher was shown respect as a nurse, but minimal interaction occurred between the elders and the researcher beyond that activity. However, over the last two years, the researcher moved into the world of the seniors, and was viewed as someone they trusted and who cared about them as individuals. The researcher knew she had moved to the trusted friend stage when the director of the Senior Center told her "you are part of our family." Furthermore, several of the seniors confided personal concerns to the researcher, and trusted her with information they were reluctant to share earlier in the process.

The Observation-Participation-Reflection (OPR) Enabler (Appendix E) was used to help the researcher enter the world of the elder Puerto Rican in order to tease out the knowledge of culture care practices that influenced health and well being as described by the elder. The first phase, observation and active listening, required that the researcher spend time in the informants' environment as an observer before becoming an active participant. The researcher was immersed at the Hispanic Senior Center for three years, and this phase took place early in the research process. The researcher entered the world at the Center by initially doing blood pressure screening with the hospital health van. However, the researcher spent considerable time at the Center beyond this activity to observe the environment and interactions of members who regularly attended the Senior Center. The researcher observed, documented, and recorded activities during this phase. Minimal active participation was initiated beyond the blood pressure screening done by the researcher.

During the second phase, primary observation with limited participation, the researcher continued to observe behaviors and actions of the elders at the Senior Center while doing blood pressure screening. However, the researcher was invited by the director of the center to become a member of the Honor and Respect committee, a group that is organized through the local Area Agency on Aging to identify elders at risk for abuse. The researcher was also invited to attend the *Cinco de Mayo* celebration. The researcher attended both activities and still serves as an active member of the Honor and Respect committee. Furthermore, the researcher studied the Spanish language in an effort to communicate more effectively with the Seniors and other Hispanic people.

The third phase, primary participation with continued observation, required that the researcher become an active participant in the informants' cultural lifeways and activities. The researcher was actively involved with the elders at the Hispanic Senior Center. She presented several health related programs to the elders, spoke limited Spanish with them, and attended parties and cultural events at the Center. As part of this phase, the researcher conducted interviews with key and general informants using the semi-structured interview guides to direct open inquiry in the naturalistic setting.

The fourth phase of the OPR Enabler consisted of reflection and reconfirmation of findings with informants. During this phase the researcher reflected on observations from the previous phases and on comments and information provided by the informants during data collection. The researcher reconfirmed her findings with the informants throughout data collection, and clarified ambiguous statements made by them.

Key informants were selected if they met the criteria as identified earlier in this chapter. Nine of the key informants attended the Hispanic Senior Center, and three were

members of the Puerto Rican community but did not participate in activities at the Center. General informants included those seniors from the Center who met the criteria for general informants, other people from the Center who were not elders, nurses involved in care of elderly Puerto Ricans in a wellness environment, family members, and community members. Key informants were studied in-depth while the general informants were studied for reflection and representations in the context of the culture (Leininger, 1997). The researcher interviewed the key informants in their home environment or at the Senior Center. General informants were interviewed in the location of their choice as identified earlier in this chapter. Key informants were interviewed two times for 45 to 60 minutes each for confirmation and clarification of data. General informants were interviewed one time for 45 to 60 minutes.

Interviews with informants were conducted in English, and an interpreter was used for those informants who had limited or no command of the English language. The interviews were audio-taped with permission of the key and general informants, except for on interview with a general informant. This interview was conducted on the phone. Field notes were written after the interview was completed, and were analyzed to determine when saturation of data was attained.

To begin the interview, a description of the purpose of the study was given to the informants. The researcher provided an opportunity for informants to ask questions and clarify concerns related to the study. A consent form was provided to the informants with a brief description of its contents and included a Spanish version of the consent form (Appendix F) as well as an English version (Appendix G). The informants were asked to read and sign the consent form. If the informant did not wish to sign the consent form,

the researcher asked for a verbal agreement. A verbal agreement meant that consent was granted by the informant to be interviewed and provide information to the researcher related to the domain of inquiry. Verbal agreements were noted on the consent form. Informants were assured of confidentiality of all information.

F. Protection of Human Subjects

The researcher gave a verbal explanation of the study to the informants. The informants received information about the confidentiality of the study, and had the freedom to withdraw from the study at any time. The benefits of the study were explained to the informants. There were no known risks associated with this study. The researcher provided the informants an opportunity to ask questions or clarify concerns about the study or the method of obtaining data. The researcher verbally read and explained the consent form (Appendix F or G) to the informants. The informants were invited to sign and date the consent form. The researcher also signed and dated the consent form in the presence of the informant. A copy of the consent form was offered to the informant and the original was kept in the researcher's files at her house. If an informant did not want to sign the consent form but was willing to participate in the study, the researcher read the following statement: "Continuing the interview and answering questions is construed as informed consent." The researcher obtained permission from the informants to audio-tape the interviews. All informants agreed to allow the researcher to audio-tape the interview. Notes were taken during the phone interview with one general informant with permission. Approval to conduct the research was obtained from the Institutional Review Board at Duquesne University, and verbal consent was granted by the Director of the Council of Spanish Speaking Organizations.

The researcher assured confidentiality and anonymity of the informants by randomly assigning a number code to each of the key and general informants. This code list was maintained by the researcher with the true names of the informants in a locked drawer in the researcher's home, and was destroyed upon completion of the study. The audio-tapes, field notes, journal entries, and typed entries were placed in a locked drawer in the researcher's home. These materials will be destroyed five years after completion of the study. Only the researcher, transcriptionist, and the dissertation chairperson have access to these records.

The transcriptionist and interpreter signed a confidentiality form (Appendix H) which assured the confidentiality of the information included in the interviews and audio-tapes. The researcher provided an opportunity to the transcriptor and interpreter to ask questions or clarify concerns.

G. Data Analysis

Leininger's four phases of Ethnonursing Data Analysis (1991b, p. 95) for qualitative research were used to analyze the data in a systematic manner. Data analysis commenced at the beginning of the study and continued until the study was completed. In the first phase the researcher collected data through personal interviews with informants, tape recorded the interviews as permitted by the informants, maintained field notes by hand and on the computer immediately following the interview, and continued to observe and participate in activities in the community. The researcher identified contextual meanings, made preliminary explanations, and identified symbols related to the domain of inquiry from an emic perspective. Etic descriptions were documented, but the emphasis was placed on the emic interpretation of phenomena.

In the second phase of analysis data were coded and classified with relationship to the domain of inquiry. Emic and etic descriptors were studied in context and examined for similarities and differences. Recurrent descriptors were studied for their meanings.

The third phase of data analysis involved close study of the data to discover repeating patterns of similar or different meanings, expressions, structural forms, or interpretations of data with relationship to the domain of inquiry. Data were studied closely to determine credibility and confirmability of the findings as expressed by key and general informants.

Synthesis and interpretation of the data occurred in the fourth phase of analysis. The researcher identified themes that were abstracted from the findings with regard to the domain of inquiry and the culture care of elderly Puerto Ricans. The HyperRESEARCH Qualitative Analysis was used to support this phase.

H. Substantiation of the Research

The purpose of an ethnonursing research study is to determine the meaning, essence, characteristics, and attributes of the phenomenon under study using the qualitative or naturalistic paradigm. Establishing trustworthiness of the findings is essential to the credibility of the study (Lincoln & Guba, 1985). The use of qualitative criteria is important in substantiating the research findings. Leininger (1991b, 1994) developed six criteria for evaluating qualitative research: credibility, confirmability, meaning-in-context, recurrent patterning, saturation, and transferability.

Credibility refers to the truth, accuracy or believability of findings that have been mutually established between the researcher and the informants as accurate, believable, and credible due to their experiences and knowledge of the phenomena under study

(Leininger, 1991b, p. 113). Credibility is very important in a qualitative research study. The truth that is uncovered refers to the rich beliefs and values from the emic perspective. The researcher interpreted these truths based on extensive study of the people through observations, participation and entering the informant's world. The process involved moving from stranger to trusted friend (Leininger, 1994). The researcher compared and contrasted emic and etic data to uncover differences and similarities between them, and then to confirm the interpretation with the informant. This step was critical in obtaining credible data.

Confirmability means "obtaining direct and repeated affirmations of what the researcher has heard, seen, or experienced with respect to the phenomena under study"(Leininger, 1994, p. 105). Restating ideas with informants or reflecting on what is seen and heard was used in the process of confirmability. Lincoln and Guba (1985) suggest that maintaining all records obtained through the research process will serve to establish an audit trail, which can serve as another method of establishing confirmability. This researcher maintained field notes over the last three years as she entered the world of the elder Puerto Ricans, and continued to do so during data collection. The researcher reflected on the data collected, and discussed it with the informants during the second interview to confirm or clarify her interpretation of the findings.

The criterion of meaning-in-context refers to "data that have become understandable within holistic contexts….with specific meanings to the… people studied in different or similar environmental contexts. This criterion focused on ideas and experiences within a total context" (Leininger, 1994, p. 106). This researcher examined

the data as a whole in order to explain the meaning of that data from the Puerto Rican elder's perspective and the impact on the domain of inquiry.

Another criterion of qualitative research is recurrent patterning, which refers to "repeated experiences, events, or lifeways that tend to recur over a period of time" (Leininger, 1991b, p. 113). Observing patterns of behavior over the period of time in which the researcher entered the people's world under study was used to substantiate this criterion.

The fifth criterion of qualitative research, saturation, means that the "researcher has conducted an exhaustive exploration of the phenomenon under study, and no further data or insights is coming from the informants or observations" (Leininger, 1991b, p. 114). As the researcher collected and examined the data, she studied the data to determine if information was becoming redundant. This allowed the researcher to determine that saturation had been reached.

The criterion of transferability refers to whether or not the findings would have similar meanings in similar contexts or situations (Leininger, 1991b, p. 114). Similar contexts would include elderly community dwelling Puerto Ricans living in another city in the same area, or elderly Puerto Ricans living in larger or smaller cities or towns outside of the area under study. This researcher considered the issue of transferability upon completion of data collection and analysis.

IV. RESULTS AND FINDINGS

A. Introduction

In this section, the researcher will present the results and findings related to the domain of inquiry as derived from the ethnonursing research method. The findings presented come from the emic or insider's experiences as people living in the community of Bethlehem. Some data from the etic or outsider's view are also presented to supplement and further enrich the findings from the key informants. Twelve key informants and twenty-one general informants were interviewed for this study. This number was sufficient for an in-depth qualitative study, and reflected the guidelines for the ethnonursing method (Leininger, 1991b). Eight of the key informants were women and four were men. Eighteen of the general informants were women and three were men. All but two of the general informants were Puerto Rican, and five of them were Registered Nurses (three were Puerto Rican). All of the key informants were born in Puerto Rico and moved to Bethlehem either during childhood or as an adult (see Table 2). The three informants who lived in Bethlehem six years or less reported that they had lived in New York prior to moving to Bethlehem. Key informant #001 lived in New York at various times for 40 years, and informants #002 and #003 lived in New York for 25 years. In the first section of this chapter the findings related to worldview and social structure dimensions are presented as conceptualized within Leininger's Sunrise Model (1991a). In the next section, descriptors and patterns related to generic and professional care, health and well-being, and culture care practices are presented.

Table 2

Demographic Characteristics of Key Informants

INFORMANTS INITIALS	AGE	GENDER	YEARS LIVING IN BETHLEHEM
001	68	Female	6
002	67	Female	5
003	89	Female	25
004	80	Male	56
005	67	Female	25
006	72	Female	44
007	64	Male	1
008	71	Female	50
009	60	Female	27
010	72	Male	47
011	67	Male	35
012	74	Female	30

B. Worldview of Puerto Ricans in Bethlehem

The key informants interviewed for this study lived in the United States for 25 years or longer, and all but three of them lived in Bethlehem for an extended period of time. Each of the informants stated that they moved from Puerto Rico for a "better life." Several of them had lived in various cities on the mainland, but eventually came to Bethlehem for a variety of reasons. One of the reasons they moved to Bethlehem was the opportunity for employment at Bethlehem Steel. A key informant (#004) stated:

> When I came from the service, I had 90 days to return back to the service. I didn't like the service. In the meantime, I got married, found a beautiful woman that I was married to for 49 years. I didn't get that much from the government so it was hard for me to leave with my wife. One time in high school I somehow saw a magazine and it was talking about Bethlehem Steel, something like that. And then I said well maybe it is a good idea, you know, I try to go to maybe to

> Bethlehem PA, the Jesus Christ city…Then I came here and as soon as I came here I put in an application in Bethlehem Steel…So then I was working in Bethlehem Steel for 28 years.

Another informant (#008) stated:

> My husband left me in Puerto Rico and he came here, so I was staying in a little room. Then my brother used to live in Brooklyn, so he sent for me…At first I didn't want to come because they said you can come, but the little one…you cannot bring the kids. So my mother-in-law, she loved the kids, so she staying with the kids. Then my husband find out that I was with my brother so he went and got me and I came here…Then later on we bring the kids. My husband came as a migrant to working on the farms. And he came here and he started working in Bethlehem Steel. So then when he find out that I was with my brother…I said I have to go with him because I want my kids with me, you know, so that's the way we did it.

Other informants said they had visited Bethlehem, liked the looks of the city, and thought it was a safe place to live. Opportunities for attaining goals and dreams also played a big part in the decision to move to Bethlehem. One key informant (#006) stated:

> I only come for a visit. I always have a dream to have a restaurant. That was my dream, but everything changed. I find my husband here and we get married. My husband worked at Bethlehem Steel. I came for visit and only went back to Puerto Rico for a visit.

Another key informant (#009) stated:

> My father was living in New York; he was living in Minnesota for awhile. My dad just came out for better work, better life, and then I don't know how but everyone just ended up here in Bethlehem. My grandmother and my grandfather, they all ended up here. I used to live in New York for 11 years already and then…when I had my children…I always thought to myself that I didn't want to raise them in a big city. So I had a sister living here and I came to visit her and we decided as soon as I visited her for the first time, we decided that, you know, that I wanted to move away from the big city and we did right away.

Daily Activities

The worldview of elderly Puerto Ricans was expressed in their description of daily lifeways and activities. Daily routines included rising early in the morning, bathing, dressing, eating breakfast, and going to work or to the Hispanic Senior Center everyday. For those seniors who came to the Center on a regular basis, they spent the time socializing with other seniors, making crafts, playing dominoes, and eating lunch. After lunch, the seniors went home to rest or prepare meals for supper. One of the key informants was confined to the home due to health problems. Many of the elders who came to the Senior Center everyday relied on public transportation to transport them to the center, grocery shopping, or to the clinic or doctor's office for visits. One key informant (#005) described her daily routine:

> I get up early in the morning, my beautiful prayers, I pray for everybody and when I say everybody, it's everybody, like my family, my friends, the people at work, my helpers at work, and the seniors…I get up and I go to work at the Center. We talk, we laugh, you know, we help each other. I help the people with

> advice at the center. Then when I come home I take a bath and we go out and eat three times a week or whenever we feel like it. Sunday for sure…And then we watch TV, we talk with friends on the phone or we visit…so that is our typical day. The average day is work and come here and rest and watch TV and talk on the phone.

Another key informant (#008) described her typical day:

> The normal day for me is to stay home, sit down, watch TV, do cleaning, go work…When I had my car I could have went a lot of places, stores and stuff like that. I don't like to be a burden…I don't like to go visiting like some people go just sit and talk and sit, I don't like that…I like to be home, yeah.

One of the key informants (#009) described her typical day as "Now it is eight hours of work, go home, make supper, help my kids if they need me, do volunteer work at my church, that's it."

Male Image

The worldview included some thoughts on the male or "macho" image prevalent among the Puerto Rican culture. A general informant described the following:

> A good education was perceived as "being white" when I was growing up. Men are expected to go out and work to help support their family. Going to college was not pushed on Hispanic males. I see this changing, however. Only through education can changes be made to improve our situation and make more people understand our culture.

A key informant (#005) talked about the male image:

> You take for example a woman that's married, maybe married a man that is you know, abusive some time and they stay with him. I say how could you? Why don't you divorce him? First of all, the kids, they try to keep that man in the house and probably that man do more bad than good. The culture comes in there…I think that change a little bit today because before the men won't ever cook, now I see a lot of men cooking and washing their own clothes and that wasn't a man's job regardless…I think hitting is a low income, you know, level, when people drink and you probably know they don't work and they are alcoholic or maybe with the drugs now…In the middle class there is still a lot of hitting…I think the men who is going to abuse is a womanizer, and that I would say would be the abuse. They probably won't come home and they probably won't leave their wife, but if it's accepted, it was accepted from little being that a man might have a second woman…In Puerto Rico it's accepted. The lady knows that he probably likes that other one, but she just looks away.

Discrimination

There were diversities noted between key and general informants regarding the issue of discrimination or racial bias due to being Puerto Rican. Several of the elderly Puerto Ricans felt that they did not experience discrimination as a result of being Puerto Rican. All but two of the key informants agreed that discrimination was not an issue for them, that they had never been treated differently because they were Puerto Rican. This

was true in the public sector as well as in the health care arena. One key informant (#009) related some instances of discrimination, both in the hospital and in the community:

> Sometimes elderly Puerto Rican people with nursing care, if there is a language barrier, sometimes don't get all of their needs met. I mean their physicals, yes, but not like their emotional. That's where the difference comes in. I remember one time I was at one of the stores, buying clothes for my husband, and I was taking a look at the clothes. There was a big person here, a guy, and when I looked at the rack of coats, and I turned, I touched him with my hand. He insulted me and he said to me: "You dirty Puerto Rican, why don't you go back to your country, what are you doing here?" Not knowing that we have more, that we belong more to the United States than maybe he…that was one of my bad experiences that I encountered in my life.

A key informant (#010) described discrimination among the elderly Puerto Ricans in this way:

> The biggest problem we have is the language barrier…keeps you from reaching certain goals, having a good job, having a good retirement, things like that, equates to less than desirable standards. Then when we go for services, and the person cannot understand the language, the rules and regulations, they are sometimes deprived of certain things available because they don't know how to go about it. In other words, when they go in they don't get it because they can't express themselves and they have no one to help them. I don't feel that the average Hispanic person…the less educated ones who are not at the top of the

> scale, are getting their fair share of the service: city service, state service, or other service.

Another key informant (#004) felt differently about discrimination and stated:

> A lot of people talk about discrimination and I believe that you can do that by yourself, by the way you are, by the way you are to other people, by the way you get along. I can never use the word discrimination; never use it because I don't believe it. …since I came to this country, here, I never can say that there was anything here that anybody did anything like that. I figure out this way, you are treated the way you live and the way you act around people that's the way they treat you.

This type of thinking was prevalent among the key informants. However, younger general informants disagreed with this notion. General informants described differences in care and attitudes toward all Puerto Ricans, especially if there was a language barrier. One general informant (#102), who is a Registered Nurse and Puerto Rican, stated:

> Sometimes I think that the care given to elders is more respectful because they don't expect those elders to have learned English as well, so they give them a little room, if you will, as opposed to anybody that's younger than 65. My parents know English better than many young people because when you came from Puerto Rico to New York, you learned English…You assimilate into the culture that's around. You maintain your heritage, but you assimilate. That middle group, say from 35 to 60, or anybody that's come over in the last 10-15 years, it's almost as if they expect bilingual and then they don't make the effort to learn English.

Informants who are active in the community or have higher levels of education expressed that there were differences in care and services given to Puerto Rican elders in comparison to care given to Caucasian elders. This was exemplified by a general informant (#106) in the following statement:

> I think there is a breakdown in the services that are given to Puerto Rican elders for probably some valid reasons. I don't think our people seek care as often as the Anglo kind of person for a number of reasons: financial is one, language is another real issue for our people and for that reason I think that they tend not to understand fully and not get as good a care or seek as good care…level of education and just not knowing, not having been educated about the warning signs of things is another thing. So I think our community, the Latino community, suffers from having a lack of preventive care and language is a real issue with that, making things culturally appropriate you know, in the delivery. You know, people are not always kind to people that they sometimes feel don't belong here. If there's one thing our people will tell you is that sometimes they are made to feel like they're foreigners and visitors and that they don't belong in this country.

Another general informant (#109) who is Puerto Rican felt very strongly that elderly Puerto Ricans are subject to discrimination as evidenced in the following statement:

> Racism abounds in Bethlehem, but it is oftentimes very subtle. When I would visit my mom in the nursing home, I would see the white nurses caring for the white patients in a caring manner. They were more caring to them than when they cared for a Hispanic or Black patient. I think Puerto Rican elderly have been

> discriminated against, but they just don't see it. It is important for them to become educated about what should be, and for nurses to be empathetic to Hispanics. Many Puerto Rican elders will make excuses for the nurse as to why she is treating them in a certain way, and don't look at it as discrimination. But it is really discrimination.

He talked about the sources of conflict that exist for elderly Puerto Ricans when they are hospitalized:

> We need to do a better job at educating our student nurses and our nursing faculty and also nurses who are currently working at the hospital about our cultural differences. And I guess sometimes they need to understand that whether they agree with the way the people are or not, at the very least, they should respect their beliefs. I think that's hard for people because you tend to judge things from your own frame of reference, your own perspective…I do think that has improved lately…When St. Luke's built their new wing and made them private rooms, that was very culturally appropriate and I loved it because I wouldn't bother anybody else.

A general informant (#108) expressed some further thoughts on sources of conflict between Puerto Ricans and nurses within the hospital setting:

> Well a lot of times in the hospital…everyone would be coming to visit…What he really needed was rest, relaxation, and I know it was frustrating for the nurse because the nurse was like, you need to leave, he really needs to get his rest…It's not that we don't want him to rest, it's just that that's part of our culture. We need to see that he's OK, bring him coffee, to bring him something so that he can get

better…It's not that we're doing it to break the law or break the regulations with the hospital except that's the way they express how they care…

In summary, the worldview of Puerto Ricans focused on a better way of life on the mainland in comparison to life in Puerto Rico. Opportunities were better for employment, and the living conditions in Bethlehem provided safety and security. There was a diversity among the informants regarding the existence of discrimination towards elderly Puerto Ricans. Although most of the key informants expressed feelings of no discrimination, two key and the general informants felt discrimination does exist in the city of Bethlehem, mainly as the result of a language barrier. This barrier creates situations in which Puerto Rican elders do not receive all of the support services available to them.

C. Social Structure Dimensions

The social structure dimensions of technological factors, religious factors, political factors, educational factors, economic factors, and kinship factors will be presented in this section. It will be shown that kinship and technological factors greatly influence the care, health, beliefs and practices of elderly Puerto Ricans in the community of Bethlehem.

Technological Factors

St. Luke's Trauma Center is located in the Borough of Fountain Hill, which borders the city of Bethlehem. This is the hospital where the informants in this study seek health care when necessary. Access to health care is readily available in this community. Some of the elderly Puerto Ricans seek routine health care in the clinic at St. Luke's or at the St. Luke's Family Practice, while others have a private family doctor. If

a person needs to see the doctor for an acute problem and cannot obtain an appointment with their doctor or the clinic, they use the services of the Emergency Department at St. Luke's Hospital.

The researcher found that the informants in this study practice Western medicine as opposed to using home remedies or folk practices to treat illnesses. Three of the key informants have a pacemaker, six have hypertension and high cholesterol, and four have diabetes. All of them take medications for each of these conditions. The elders with diabetes also use a Glucometer to test their blood sugar level at home. The elders in this study stated they have not used folk based remedies since they moved to Bethlehem, other than occasionally drinking teas such as ginger, chamomile, or honey. One general informant (#106) stated:

> …I think that because of the wonderful city that we live here in Bethlehem and the fact that medical care is easily accessed…they seek medical attention at a fairly good rate…Their access has gotten progressively better with bringing services into the community, there being more physicians, family physicians that are Spanish speaking…I no longer feel that our people, those of our people who go to the clinics in the community, are getting any substandard care. Quite the opposite…

Several of the seniors have become adept at using the internet on the computer. They are able to research health issues, find out about a diagnosis and treatment, and discuss their findings with their doctor. All of the female key informants delivered their children in the hospital.

Transportation for the elders was not a problem. Six of them have their own cars, and the others use public transportation to meet their daily needs, or have family members and friends who take them to the store, doctor's offices, or on trips. Approximately three times a year the Senior Center sponsors a bus trip to Atlantic City. Many of the seniors take advantage of this opportunity and participate in this activity.

A telephone and television were present in each of the homes of the key informants. Three informants also have cell phones. A big screen television is located at the Senior Center, as well as exercise equipment and a stereo. The kitchen was recently remodeled, and has state of the art cooking equipment for food preparation.

In summary, the Puerto Rican elders practiced Western medicine in treating their illnesses or to maintain health. All of them had a telephone to keep in touch with family and friends, and a television in their homes. Transportation was readily available to each informant, and six of them have their driver's license and an automobile.

Religious Factors

Ten key informants identified themselves as Catholic, and two as Protestant. Those who are Catholic belong to Holy Infancy Church, which is located on the South side of Bethlehem in a predominantly Hispanic neighborhood. There are two masses offered in Spanish every weekend, and the elders preferred attending one of those masses. Three of the key informants who are Catholic are very active in their church. Two of them are in the folk group and play musical instruments and the other informant volunteers in various organizations in the church. The other informants stated that they did not practice their religion on a regular basis. Fifteen of the general informants were

raised as Catholics, one as a Protestant, one as a Jehovah's Witness, and one converted from Catholicism to Jehovah's Witness.

A key informant (#004) who is active in the church said:

> More to visit with sick people is to give to someone hope that we have to see that God is the one that takes care of us all of our life, and is the one that decides what is going to happen with our life…I can say that God is the one that is taking care of my life. God will say, today this is it…God brought me here and God is the one that is going to carve my life.

The researcher interviewed five key informants in their home. In each of these Homes the Catholic religion was evident. Each home had pictures and figurines of angels and the Blessed Mother hanging on the walls or scattered throughout the home. Two of these informants did not regularly attend church, yet these symbols were present in the home. One key informant (#002) told the researcher that she collects angels, as they watch over her and protect her from harm. Religious statues, figurines, and pictures were also located throughout the Senior Citizen's Center.

The researcher observed that all of the seniors at the center blessed themselves with the sign of the Cross prior to eating lunch. On one occasion the researcher was at the center during an event when an award was being given to one of the elders. The pastor of Holy Infancy Church was present to offer prayers of blessing and thanksgiving. He was treated with the utmost respect and dignity, and one of the seniors remarked "He is like Jesus Christ." The Monsignor was Caucasian, yet fluent in the Spanish language. He was revered by all in attendance, irregardless of their religion or faith practices.

Even though there was a diversity among the informants regarding their participation and attendance at church, the Catholic background of the majority of the informants was evident. Spirituality greatly influenced the care and daily lifeways of all of the Puerto Rican informants.

Political Factors

The Puerto Rican community was not active politically, especially among the elderly population. There was one representative on City Council, and one District Magistrate located in the heart of the Puerto Rican community. One key informant served as a Block Watch captain.

The Spanish Speaking Council represented the Latino community as the voice to identify, represent, and respond to the needs, interests and concerns of the Latino community and the community at large. The Council was responsible for various programs within the community and operated the Hispanic Senior Center. A close relationship existed between the Council and the Northampton County Area Agency on Aging (AAA), as it was a source of funding for the Council. Grant money was obtained to fund programs through the AAA and the PA Department of Health, as well as various other organizations. A committee, called the Honor and Respect Committee, was formed to initiate assessments of community elderly Latinos regarding personal needs and incidences of elder abuse. Several seniors from the Hispanic Senior Center and other members of the community served on this committee, as well as the Director and Coordinator of the center and the researcher. Through the efforts of the Spanish Speaking Council programs were presented at the center by community leaders, governmental agencies, city services, and local businesses. Representatives from the

county came to the center at election time to assist the seniors to register to vote. The elder Puerto Ricans were conscientious in exercising their right to vote as citizens of the United States.

In summary, the Puerto Rican community was not well represented within the government of the city of Bethlehem. The Spanish Speaking Council was instrumental in exposing the Puerto Rican elders to the services available to them as members of the community. Some seniors were actively involved in various committees and programs in the community, but the numbers were low for this population.

Language

First generation Puerto Ricans who were born in Puerto Rico and migrated to the United States spoke primarily Spanish. Ten of the key informants in this study were bilingual and spoke both English and Spanish, although Spanish was the language spoken at the senior center. Those seniors who were bilingual served as interpreters for non-English speaking elders. English classes were offered at the Hispanic Senior Center, and several Hispanic elders attended these classes. One key informant was enrolled in English classes at the Community College. The general informants who were children of Puerto Rican parents spoke English and Spanish, but in varying degrees. Some general informants were fluent in Spanish, and others had minimal command of the language. A general informant (#106) stated:

> I believe my parents had been in this country only a couple of years before I was born and so their customs and language and everything about them was as Puerto Rican as they come…Needless to say we spoke only Spanish at home…We learned English when we went to school and that's when I learned of another

> world because the world I lived in here in Bethlehem was among all Puerto Ricans.

A key informant (#006) remarked:

> My children all know Spanish and English. When they talk to me in English, I say Spanish…Outside, English with your friends and in school, but not with me.

Another key informant (#007) spoke about his children's experience in the school system and the English language:

> When they started school the teacher send me a letter to put my children in bilingual class. I said no. The teacher said well they don't speak English…In my home I teach them Spanish, here you teach them English. In the school English, at home, Spanish…

The researcher investigated how important it was for nurses to learn the Spanish language in order to provide nursing care in a culturally appropriate manner. All of the informants agreed that it would be ideal for a nurse to be able to speak the language when caring for an elder who was Puerto Rican. This would enhance the care given to that person, and provide the opportunity for an in-depth analysis of their condition. However, the universal feeling was that it was not necessary to speak Spanish in order to be a caring nurse. One key informant (#010) stated:

> That's ideal, tremendous, if I were a nurse in private practice, I would make the effort to learn the language because of the clientele in your business. But I don't think that would be required, that's asking too much. I think it would be more important trying to get the Spanish people to learn the language because this is the people who actually need it and that's more important.

A general informant (#108) reflected these thoughts about learning the language:

> I think it's important, I don't think it's the pivotal factor in making a better nurse. My sister-in-law (a nurse)…looks Hispanic so people start talking to her in Spanish. She'll just say a couple of words like "No hablá Espanol" and things like that, but they love her because she interacts with them and understands where they're coming from, so I don't think it's a pivotal thing. I think being there and trying to understand where that person is coming from, I think that's very pivotal.

In summary, the ability of the nurse to speak the Spanish language would greatly enhance the professional care given to a Puerto Rican elder. However, while this is ideal, it is not absolutely necessary in order to provide care in a kind and compassionate manner. Learning a few words in Spanish projects a feeling of caring by the nurse.

Educational Factors

Six of the key informants stated they completed high school, and three of them had attended some college classes. Other key informants' education level ranged from completion of fourth to ninth grade. In stark contrast to this, all of the Puerto Rican general informants had completed high school. Two Puerto Rican general informants had obtained their Bachelor's Degree in Nursing; one had a Bachelor's degree in Political Science; one graduated from a diploma program nursing school; two had Master's degrees in education; one had attended law school; one informant had an Associate's degree; and three informants were currently enrolled in nursing school at the Community College and in a diploma program. Attaining a good education was supported by elder Puerto Ricans, especially the parents, as this was seen as the key to improving the lifeways for all Puerto Ricans. A general informant (#107) stated:

> I think that my parents along with most parents in the Puerto Rican community will stress an education. I think a lot of parents in the Puerto Rican community many not have skills to know how you go about making sure your child secures an education…my parents valued school, they stressed the importance of school, they didn't know report cards came every quarter…they did not have that educational experience. I was a typical underachiever…until some key educators said, look you got the potential, then that's where the turnaround came…had those key educators not said that, we're gonna try and teach you how to learn, then I would not have done as well. So, I don't think that the emphasis is placed on education. I just think that the Puerto Rican community understands the importance of education.

Economic Factors

The majority of the elder Puerto Ricans who come to the Hispanic Senior Center were unskilled or semi-skilled workers who came to Bethlehem in search of better opportunities and living conditions. Some of them found employment at the Bethlehem Steel, others worked in garment factories, and some did secretarial work. A few of the elders achieved success professionally within the community. Senior citizens who had worked at Bethlehem Steel were not as concerned financially as those who had been employed in other types of industries. The retirees from the Steel received pensions and Social Security, which provided financial security for this group. However, the sale of the Bethlehem Steel created insecurity in the future financial picture, and also resulted in the loss of supplemental medical benefits for the retirees. Other seniors received small monthly benefits from Social Security or SSI. Health insurance coverage included

Medicare, Medicaid, and ACCESS. The Director of the Hispanic Senior Center stated that "most of the elders who come to the center live below the poverty level."

Many of the Hispanic elders living in Bethlehem live in subsidized housing provided by the city. Two key informants owned their own homes, and three lived in privately owned rented apartments or homes. Two informants chose to rent their residence since they were older and did not want the responsibilities associated with owning a home.

Several elders received prescription drug coverage through PACE, a government program to assist low income people to afford medications. There were occasions, however, when an elder shared with the researcher that he/she was not taking his/her medication because they could not afford to fill the prescription. The Coordinator and Director of the Senior Citizen's center made attempts to help these elders obtain prescriptions at a reduced cost. At times the clinic at St. Luke's Hospital was able to give them samples left by drug representatives.

A few of the seniors who came to the Senior Center daily came to receive breakfast and lunch, as this was the only hot meal they would receive for the day. Seniors paid a nominal fee for these meals, based on whatever they felt they could afford. There were some seniors who could not afford to pay, and this was not required to receive the meal. Payment was kept confidential, and no one was denied a meal.

The Hispanic Senior Center provided an opportunity for socialization, kinship, and services to promote health and well being of elderly Hispanics. Problems and concerns related to money issues were shared with the Coordinator of the center, who then made attempts to access services for the elders. The Senior center provided a milieu

in which many of the elderly Hispanics who needed food, money, and medical services were able to obtain these services through the assistance of the personnel at the Center.

Kinship and Social Factors

The family is the center of the Puerto Rican world. The family includes parents, children, grandchildren, brothers and sisters as the immediate family. However, aunts, uncles and cousins are included as family as an extension of the immediate family. The seniors at the Hispanic Senior Center included the people who came to the Center as part of their family. Informants also included members of their Church as part of their family network. One key informant (#005) described family:

> In Puerto Rico you don't have to be blood family to consider yourself a family. In Puerto Rico you adopt anything, any friend…A family could be a dear friend and if not even a dear friend, it's family. I have a lot of dear friends and I consider them my family…Family is anybody you love. You could adopt anybody as your family.

Another key informant said "Family and friends, they feel the same." A key informant (#010) described family in this manner:

> Anybody with the name H., a descendant of a descendant of a descendant and moves down the line in Spanish. And if they come to my house and I never see them before, I still call them family. And if they need help I will help them because they are family. Then we have what is called close knit family – children, grandchildren, brothers and sisters and things like that, but that doesn't mean I neglect the distant cousins.

Another key informant (#004) described family this way:

> I give my best to be a loving father and give my best to teach them what is right and what is wrong, and to be lovely and funny…Family is family. I raised two daughters and two sons that love me. My whole family love me…I'm the best brother-in-law, and the best Uncle, that's the way they feel about me.

A general informant (#106) said this about family:

> Many of our families have children that they have cared for since birth that are no relation to them whatsoever…so we work on an extended family kind of thing and that's why I guess when we laugh, we all laugh, when we party, we all party, when we hurt, we all hurt and we feel it's our duty and obligation to be with our family in every sense of the word.

Some of the informants suggested that a shift in the concept of family is changing due to changing demands on the family structure. As the population ages and lives longer, younger people are caught in the "Sandwich generation" concept prevalent among many families. In the Puerto Rican culture it is still expected that children and/or other family members will take care of their older parents when caregiving is needed. It is uncommon for a Puerto Rican elder to be placed in a nursing home for extended care. The oldest child is expected to take care of the parents when necessary. However, one general informant (#112) described the changing lifeways:

> Family is more nuclear. You still see our people not wanting to put seniors in nursing homes. That's still the truism statistically; I think it bears out that we still don't do that as much as other groups do. But I think statistically compared to populations over 50 years I think that's going to change…I have to sense that based on what I see here locally, more Latinos are putting older relatives in

> nursing care. Part of it is not because they don't care but because we're forced to get two and three jobs now. Husband and wife work, older kids work…When you have no choice, we have to realize that in those cases we just don't have the expertise or the ability or the time to care for someone. These things are happening these days.

The Puerto Rican population is a very sociable group culturally. Getting together with friends and family is very ingrained in the culture. This was evident when one of the key informants stated: "I have ten grandchildren. Some days my house is full. Make me happy. The family is beautiful." The seniors who attended the Hispanic Senior Center enjoyed the socialization aspect of getting together with other older, Spanish speaking adults, talking, playing games, doing crafts, and eating with someone. The seniors at the Center developed routines in their daily activities at the Center, and did not like to have these routines disturbed. There was loud talking and laughing at every table. The television or stereo was always on, since music was an integral component of the Puerto Rican culture. Each senior had a specific activity in which he/she participated, and this routine did not vary in daily activities. The seniors sat at a particular table with the same group of people everyday. If someone was ill, concern for that person's health and well being was evident among all of the elders. When someone in the Hispanic community died, the seniors would grieve for that person as if that person was a member of their family. Oftentimes they would attend the funeral even if they did not personally know the deceased.

All of the key informants in this study lived in their own homes, either with a spouse, a teenaged child, or alone. Most of the children of these elders lived in the area,

and visited either daily or weekly. Other children called on the telephone everyday or at least once a week. One general informant (#110) related this story:

> My mom is on the phone everyday, and she comes down a lot…I communicate a lot with the elderly from the Spanish Council. I try to help them…They know me from going to the Spanish Council and working…with the diabetes program So if they need a telephone call, something with the machine, or their batteries or whatever, they know to call me and I go out to the house as soon as I can and help them…Our people are very proud and although we need the help and are not able to get our medications, that's something our family would know. If there isn't someone there to make the call and say they are down on their medication or this happened, they're not going to tell anybody. We are very proud and even when you offer your help you have to be careful how you offer it so they don't get offended.

To summarize, kinship is an integral value in the Puerto Rican culture. Family consists of blood relatives, church members, friends, and extended family members. The people of the Puerto Rican culture value the kinship and social structure conceptualized within the word "family."

Environmental Context

The city of Bethlehem was divided into sections: South side; North side; West; and Northeast. The Lehigh River divides the south side from the rest of the city. The south side of Bethlehem was a very ethnic area in which immigrants settled upon their arrival in Bethlehem. When the first wave of immigrants came to the city from Europe, they settled in clusters of neighborhoods on the South side by nationality, for example,

Slovaks, Hungarians, Windish, Italians, and so on. As the city grew and expanded across the Lehigh River, people of European backgrounds moved into the northern and western areas of the city. Very few ethnic neighborhoods of European immigrants exist today on the south side.

As immigrants from Puerto Rico and other Hispanic countries moved to Bethlehem, they moved to the south side and formed ethnic neighborhoods. The Bethlehem Steel plant and offices were located on the south side, making it an attractive area to live for people employed in this industry. African-Americans also began moving into this area, and today the south side is inhabited primarily by Hispanics and African-Americans. As numbers of lower income people grew, the city built houses in developments to accommodate people who were not able to afford housing. One of these developments is located on the south side and is referred to as "The Projects." Two other developments were built across the river in the northeast section of the city. These developments are owned by the Bethlehem Housing Authority. Three apartment buildings owned by the Bethlehem Housing Authority are located in the heart of the business district in center city Bethlehem, and two apartment buildings are located on the south side. Five of the key informants in this study lived in one of these public housing developments or apartments: one on the south side, and four in the northeast section of the city.

A major university is located in the heart of the south side, and several businesses are clustered within a four block radius around the university. A Spanish grocery store is located within this area, and several of the informants said they occasionally shop there for some goods. Holy Infancy Catholic Church is located in this area, directly across the

street from one of the Housing Authority apartment buildings. Also in this area is a post office, a bank, eating and drinking establishments, a grocery store, video stores, furniture stores, clothing stores, and a District Magistrate office. St. Luke's Hospital is about one-half mile from this area. Public transportation bus stops are located on the major streets throughout the city.

Key and general informants agreed that services for the elderly were readily available to them throughout the city of Bethlehem. Many of the key informants stated they came to Bethlehem looking for a better life and living conditions than those in Puerto Rico or New York. All of them stated that they felt safe living in Bethlehem, and felt that the services available to them enhanced their health and well being. One key informant (#009) stated:

> There are more places here where elderly people can go and get proper care if they can't afford it. There are more programs for seniors, St. Luke's Hospital at the clinic, whereas if you are an elder living in Puerto Rico it would be a lot harder…You're better off here. Well, I say that Bethlehem is better than a big city, but I know that we are getting a lot of people moving from the big cities here and different things are happening that didn't happen years ago. I feel very safe at home where I live…and I know that working here I have to be careful in this part of town.

Another key informant (#004) said:

> I feel safe…I always try to get along with people, not to look for trouble…I try to live my life the way it's supposed to, respect the law, respect all the people, and live with people…that's the way I live it.

A general informant (#104) said:

> I think it absolutely enhances the health of elderly Puerto Ricans…We have the big hospital here with easy access, which is great. You have a lot more doctor's offices…and you have buses come by, cabs, everything's within walking distance of one place or another.

Another general informant (#106) expressed these thoughts about the environment:

> I have seen a tremendous change in the care in this community and I think that the history of the Puerto Ricans is different than in most communities in Pennsylvania. Most of our people came here to work at the Bethlehem Steel and our fathers made good money and money solved a lot of problems, so that they didn't have the economic conditions that there were in other communities…

A general informant (#109) felt that the health care in this area was good for elderly Puerto Ricans, but expressed the following:

> The services available in the city are not the greatest. I have seen a lot of discrimination when Puerto Ricans try to follow their customs. For instance, in Puerto Rico the houses are open air and it is common to congregate on the terrace. Socialization is important. Here, if people gather on the corners, it is frowned upon and thought that they are up to no good, dealing drugs, or whatever. But it is just a part of our culture.

This statement was also expressed by another general informant (#117) who lived in Bethlehem for fifteen years. The informant stated that her father moved to Bethlehem from the Bronx five years ago, and he does not like living in Bethlehem. He felt that the people in this city are not friendly, and do not socialize. According to the informant, if

someone gathers outside after 10 p.m., they are suspected of doing things that are illegal, even though this is part of the Puerto Rican culture.

One general informant felt that housing is lacking in Bethlehem. The informant felt that a lot of Puerto Ricans live in very bad conditions in the home environment. Oftentimes there is no heat in the home, it is infested with rats and roaches, and windows are cracked. This informant felt that these conditions contributed to poor health for elderly Puerto Ricans.

The elderly Puerto Ricans living in Bethlehem do not travel to neighboring cities, such as Allentown or Easton, even though there are large Hispanic neighborhoods in those cities. The following statement by a general informant (#107) echoed the feelings of all Puerto Ricans interviewed for this study:

> If you look at Puerto Rican elders, Allentown is like a world unto his own. Allentown is not a place that we went to. It's considered unsafe, it's considered equal to New York… Easton is another man's land. And then there's this subtle prejudice thing…The elders are prejudiced against Afro-Americans.

Overall, the informants felt that the living conditions in the city of Bethlehem enhance the health and well-being of elderly Puerto Ricans. Services were adequate to enable the older adult to seek health care, public housing provided them with a suitable living environment, and elders felt there was minimal stress as a result of living in Bethlehem.

D. Health and Well-being

Health and well-being are influenced by the care expressions and patterns of Puerto Rican elderly. Key and general informants described health as "doing the right

things, taking care of yourself so you don't get sick, or doing things to improve health in times of sickness." A commonality of the meaning of health and well-being was noted in the descriptors of these terms among the key and general informants. There was little differentiation between health and well-being. Both of these states were viewed as being intertwined, although well-being always referred to a holistic state of being and to "good health."

Some informants referred to health related to a physical state, and other informants described health in a holistic concept. One key informant (#009) described health in the following: "Health means perceiving what a well state is for that individual, being free from illness, up and walking, feeling good about themselves." She described well-being as "being safe, being safe and wanting to get up every day and just go out there and see what life has in store…of wanting to explore things."

The key informants described their health as good even though they have chronic problems such as diabetes and hypertension. Key informant #009 explained:

> If you go under medical treatment, of course, and follow the medical recommendations, I believe that you can be healthy, even though you may have a health condition. But you can control it…be able to manage every day, at home, or at work.

Another general informant (#108) described health and well-being as the following:

> Healthy means not being sick, a good mental being, and being able to enjoy life and do the things you've done in the past…Well being…having your ducks in a row and making sure that illnesses are treated.

Puerto Rican elderly do not complain about their health problems to strangers, and this creates a lack of proper care when the elder requires entry into the health care system. Elders need to feel a sense of trust in the provider before they will offer information which could provide insight into their physical and emotional state of health. General informant #108 said:

> Pop would try to hide it from you when he was having pain. He didn't like to complain to the nurses, he didn't want to bother the nurses. But the nurse would have to say that's what she is there for; you need to use the call button and that kind of thing…

Activities to Remain Healthy

Key and general informants described being active and involved were the most important activities to maintain good health. Socialization was described by several informants as essential to health and well-being. Hard work was a common theme among key and general informants when talking about activities to stay healthy. Men did physical labor, and women did housework. These activities were perceived as providing a great deal of exercise, which was a universal descriptor of both key and general informants in relationship to health. Relaxation of the body and the mind was described as an essential activity to promote health and well-being. A key informant (#004) stated:

> My health is good because I walk, I do a lot of dancing, I exercise. I never just sit around and watch TV. I like to have fun all the time. I like to dance and a lot of people think I'm funny…I like people to know that I was born to be polite, to love all people, not to be hateful…I play music, and go to the mountains…Another

> thing I like to do, I like to go to church. After church I like to go and visit people, talk to them, pray with them.

Another key informant (#010) stated:

> I eat and rest. I'm in bed by 9 or 9:30, but I get up at 5:30 in the morning. I go until 8:00 at night…I stay very active, and I still eat three good meals a day. I drink very socially. I have always taken care of myself. I think care, well being and health go together. You have to take care of yourself. You have to go to the doctor. You have to maintain certain standards in order to reach that mental state of feeling like you are well being. It's the way you are feeling, you know. It's the trilogy of many things.

Being present was a common theme among the informants. A key informant (#005) stated:

> I like to talk to people, to my friends. I make sure that I go out and get involved with a lot of people, like in my work with the seniors. So that keeps me happy and healthy…But I think when I do take care of my health, I feel better, I feel more conscious that I am doing the right thing. Like, for example, I love roast pig. When I eat it I feel like I'm hurting my heart…Because of my age I have to be careful what I do.

Another key informant (#007) offered these thoughts on the theme of presence:

> To play something, guitar or any instrument. That's good, but more important is to talk with people, to talk with somebody. To see somebody visit me, to treat me like a human person, that is very good for me. The other way I don't feel good because I feel that nobody cares about me, nobody worries about me. I am a

human being; I need another human being to feel good. If I don't have that I don't feel good.

The informants expressed concern about the types of foods eaten by Puerto Ricans and the effect on their health. Several of the informants stated that they avoid eating many of the foods that are popular in this culture, such as pork, rice, and refried beans. Fritters, such as bacalaitos, patelillos, and alcapurrias, are very popular. Pasteles are a very special food. Many of these foods are fried in oil, and are greasy. Informants felt that these foods are unhealthy, and contribute to the poor health status of this cultural group. Several of the elderly informants who regularly attended the Senior Center said that oftentimes they will not eat some of the food that is served at the Center because it is "not good for their cholesterol, diabetes, and high blood pressure." The researcher observed this on numerous occasions during the lunch hour at the Senior Center.

Folk Practices

The elderly Puerto Ricans interviewed for this study adopted the Western medicine approach of treating health problems medically through the use of medications, diet, and exercise. The men reported that they never used any home remedies to cure illness or to feel better, but, instead, watched their diets and went to see the doctor when they felt ill. The female informants related the use of some home remedies, especially different teas and Vicks Vaporub for coughs and colds. One key informant (#008) stated:

I'm afraid of pills. I hate since I was a little kid. My mother hardly gave us pills, so I'm afraid to take those pills. I think they are going to do something bad to me.

Teas were the most common home remedy used by the key informants. Several general informants also related that their mothers had used tea to help treat their illnesses

as they were growing, and some continue to use these remedies for two to three days before going to the doctor. A green tea that has a peppermint taste is used to treat stomach ailments and to help digest the food. Orange tea made from orange peels is used to soothe upset stomach and to help a person sleep. Teas made from ginger root and cinnamon are used to make a person feel better. Grapefruit leaves were boiled and put in tea to help promote sleep, especially if a baby cried a lot at night. Some of these leaves and teas are sold in the Spanish store on the South side of Bethlehem. Chamomile tea is used to calm a person and reduce stress. One informant said she found some of the teas in a health food store in the city.

Colds and chest congestion were treated using Vicks. Vicks was rubbed over the chest and back to relieve congestion. Vicks was also used to relieve aches and pains in joints, around injection sites for small infants, and to treat asthma. Vicks was also used for headaches. The Vicks is rubbed on the head, and then a towel is tied around the head. The person sleeps for several hours, and when he/she wakes up, the headache is gone. Robitussin was also popular to give for colds and congestion. As one informant stated "you go to any Puerto Rican's house and you'll find Robitussin. Robitussin and Cod Liver Oil are universal cures." Honey was given, either straight or in tea, to soothe a sore throat. Cod liver oil was given on a monthly basis to cleanse the system and maintain health. Chicken soup was served to soothe all kinds of ailments, including colds, upset stomach, and the flu.

Fevers were treated using something similar to alcohol, called alcolado. The leaves from the plant were boiled, then cooled. It was then rubbed all over the body, and the person was wrapped in a blanket and put to bed to sweat out the fever. After several

hours the fever disappeared. Four of the key informants and five of the general informants stated that they still use this remedy today on their children and grandchildren, and it is very effective to reduce a fever. The alcolado is sold in the Spanish grocery store in Bethlehem.

Various plants and preparations were used to treat skin ailments. The aloe plant was used to treat burns and minor cuts on the skin. It soothes the area and promotes healing. Several informants stated that butter was often applied to burns years ago. Even though this is no longer done today, the informants stated that the butter soothed the pain from the burn. Oatmeal pastes were used to soothe pain and itching from poison ivy and chickenpox. Garlic was crushed and the oil was rubbed on the skin to treat poison ivy. It was believed that when a person has a fever or chickenpox, that person cannot wash their hair because it can cause blindness.

Fruits and vegetables, especially those high in Vitamin C, were eaten to keep healthy or to treat problems such as colds. These included oranges, mangos and strawberries. Eggplant was used to prevent high cholesterol. It can be cut into little pieces and put in water to drink. Several informants stated they continue to eat these foods everyday to promote health.

To summarize, elderly Puerto Ricans view health from a holistic perspective – physically, emotionally, mentally, and spiritually. Health and well-being are closely related, and often described as meaning the same thing. Being active, socializing, eating properly, and having someone who cares are essential to the health of an individual. The informants in this study related minimal use of home remedies to maintain health or treat

illness, although teas and Vicks were used sporadically. The medical model is prominent among members of this community.

E. Patterns

In this section, the researcher will discuss the patterns and meanings in context which have been abstracted from the data. This phase of data analysis is the third phase of Leininger's Phases of Ethnonursing Analysis for Qualitative Data (Leininger, 1991b). Data were scrutinized to discover recurrent patterns of similar and different meanings and expressions. Generic and professional care patterns will be discussed, as well as the pattern of health from the elderly Puerto Rican perspective.

According to Leininger, generic (folk or lay) care refers to:

> …culturally learned and transmitted, indigenous (or traditional), folk (home based) knowledge and skills used to provide assistive, supportive, enabling, or facilitative acts toward or for anther individual…with evident or anticipated needs to ameliorate or improve a human lifeway, health condition (or well-being), or to deal with handicaps and death situations (1991a, p. 48).

Leininger refers to professional care as "formally taught, learned, and transmitted professional care, health, illness, wellness, and related knowledge and practice skills that prevail in professional institutions…" (1991a, p. 48). She describes health as "a state of well being that is culturally defined, valued, and practiced, and which reflects the ability of individuals (or groups) to perform their daily role activities in culturally expressed, beneficial, and patterned lifeways" (1991a, p. 48). The generic and professional care practices and knowledge influence the health and well-being of elderly Puerto Ricans, ultimately resulting in satisfying or debilitating lifeways.

Generic Care Patterns

In the first universal care pattern of generic care, elderly Puerto Ricans described care as family support and presence. As was discussed earlier in this chapter, family in the Puerto Rican culture is very broad, and includes immediate family members as well as people who are not blood relatives. Anyone who is considered family offers comfort and support in time of need. The immediate family, however, is expected to provide care to an elder when such care is needed. Usually the oldest child cares for elderly parents when care is required by a caregiver. A key informant (#007) stated:

> …Puerto Ricans learn to be close to the family. The family gives you more emotional support. You be with the family because you are the same blood, you feel something special in your soul, your heart. It's hard to explain, but it's different.

He talked about the meaning of care and support:

> It's the person that talks special to you, if you feel sick that person is there to protect you, to take you to the doctor and to give you some medication, and you don't feel alone. You feel somebody is close to you. That's when you feel better, that person cares for you emotionally, and cares for you with food, clothes, everything you need.

A general informant (#106) talked about the care she gave to her mother:

> If somebody needs care at home…it's usually the family that does that. And the kids are not excluded from participating in that kind of care. There were times when I was caring for my mom on those weekends when I would take her, and my son was a little boy. My son would say "I'm going out to play", and I would

> say "no, you can't, you have to stay here with Grammy while I finished the laundry." He understood he had to do that, that's the family thing, you know…Then as Grammy came more often on weekends and she couldn't get around, he knew he had to help her out of the car, sit with her, "mom, is it OK if Grammy eats now? Can I give her this, can I give her that?" It was nice to see.

Another key informant (#009) talked about her care experience of caring for her mother:

> …My mother was very ill before she passed away, and all the family were like with her towards the end…We were constantly with her…I remember I used to hear my mom like, you know, "it hurts, oh it hurts". I would right away be with her. I was totally and completely dedicated to care for my mom.

A key informant (#005) said that the care one receives from a family member is much better than care given by a nurse. She said "he is my husband, so I feel more confident with him and he knows me and I know him, you know. We know what we like and what we don't like, and it's much better, definitely. You can't describe."

Another key informant (#009) compared the care given by a family member to that given by a professional nurse. She felt that the care given by the family was much more supportive and personal than that given by the nurse. She explained:

> I think because it was on a one to one person, when my mother was very ill before she passed away all the family were with her towards the end…Because she was my mother we had to give her baths, but we were constantly with her…I remember when I used to hear my mom like "it hurts" right away be with her. I

know a nurse has other patients might not be doing that but I was totally and completely dedicated to care for my mom.

Family support was a universal theme between key and general informants. Family is expected to care for the elderly when they need help. Nursing homes are not considered to be an alternative for the elderly, especially as described by key informants. However, the general informants, especially those who are younger and more educated, expressed some differences with regards to nursing homes as options for care. A general informant (#102) described the following:

> My grandfather told my mother, and she told my brother that you always love your children, but you love your daughter just a little bit more. She is the one who is going to take care of me and that's it. If you don't take care of her well, you have failed, because ultimately that is who you are going to need…It is an expectation that children, especially the daughter, do absolutely everything in their power to care for elderly Puerto Ricans. If there is no other way, then the parent will forgive us for the inability to take care of them.

Another general informant (#104) described family support provided to an elder when care was needed:

> When my grandmother needed care, my mom came from here and she stayed on her couch. Her one sister, she came from Ohio and she stayed there. There were many people camping out on the floor to make sure she got what she needed all of the time. My grandmother would say "go home, go home, I'm fine." But she's 87 years old so there were people constantly caring for her. If she goes to the hospital for any reason, the whole family comes from four corners of the

> globe…You just never know when an elderly person gets sick if that's gonna be it, so they come and show respect right away.

A general informant (#109) talked about the importance of the family in providing care to older Puerto Ricans:

> …You wouldn't even think of putting your loved one in a facility. That was the job of the family. I know when my mother was sick, God, her three children, we all worked and my sister said to me "well, I guess I'll stay home." I didn't say anything. She goes "well, you're not going to stop working. J., my brother, has a family; he's not going to stop, so I guess I'll stop because I'm the one with the job that is not as demanding as either one of you." So that's what she did. She took care of her during the week and then to give her a break, I would take mom over to my house and care for her on the weekend. We cared for her that way until the day she died. And it was expected.

She talked about family support when a loved one is hospitalized:

> When somebody is sick, everybody has to be at the hospital, and I'm so happy that St. Luke's has come a long way. They finally learned that we're like that, and it's okay when we come in. It wasn't always that way, so I have seen the hospital grow…My mother never wanted to be alone, she didn't like that. She was so scared, so we would make it our business to be there, especially when she required all that suctioning. I remember saying to one of the nurses "you know, it's 11 o'clock at night and I have to be suctioning her every 15 minutes. What would happen if I wasn't here?" And she looked at me and said "she'd probably

> die." I don't know how real that was. It was probably true, but it was a harsh way to tell somebody that's what could happen.

A key informant (#009) talked about family support and care expectations for elder Puerto Ricans:

> I've had some people say how comes there are not a lot of Spanish people in the nursing home? Why…because we don't believe in that, we take care of the person at home until the day they die…If my parents ever need skilled nursing, absolutely not, they will not go (to a nursing home). They will come with me, we'll make arrangement. I don't care if I'm married, but that's not going to happen. That's just one belief that I have and that's what's been through the years.

She talked about the caregiving responsibilities among the family members:

> The oldest child is expected to provide care, but it tends to be the female. They are looked at as caregivers. They are looked at as motherly figures taking care of the mother…if the brother would be the oldest, usually that person would be expected but if there is a sister after him, it would be her…

Care as supportive was voiced by a general informant (#113), who said "Care is the entire scope of a person's make-up: physical, emotional, whatever issue they have at that time. Caring to help their friends out, caring to take them to a doctor or just explaining the American way of life to them." Care as support from a holistic perspective was a common pattern expressed by key and general informants.

A general informant (#114) expressed the importance of care as family support:

> When somebody's sick, we are really family oriented. Compared to other cultures we are really family oriented. It was like that when my grandmother went into the hospital. I mean everyone…most of my aunts came down that same night, and everyone was there. The room was filled with 12 people. Everybody just wanted to be there for her.

This view of family support was expressed by another general informant (#121):

> Anything happens, we're there for each other. Shortly after Dad died, my brother was diagnosed with Hodgkin's Disease, and for us that was such a blow. We just couldn't believe we were dealing with something else, but we came together, we helped out and now he's in good health. So family…anytime we are doing anything we are thinking of each other and including each other…I mean, my family is just my life.

The second pattern of generic care which emerged in Phase 3 was care as meeting physical needs of the elderly person. Key and general informants talked about caring for an elder as bathing, dressing, feeding them, cooking for them, driving them to doctor's appointments, and making sure they got exercise. According to the informants, generic caregivers meet all of the physical needs of the elderly person, almost to the point of making the elder an invalid. However, this is common and expected by the individual. A caring person is someone who meets the physical needs of an individual until they return to a state of wellness. A general informant (#103) said "A caring person is someone that is there for someone, like a sick person for instance, if they need someone to change their bandages, or to run an errand for them such as getting the medicine, food, or going to the store. Another general informant (#104) described care as:

> Taking care or treating people with illnesses or problems until they are completely functional again. It doesn't matter what it takes, or whether it be something as small as consistently changing a bandage or giving cough syrup for any kind of cold…taking care of my mother, make sure she has all of her chemotherapy, driving her to a place, it can be any of those.

A general informant (#106) talked about the care given by the family as opposed to the care given by a Registered Nurse:

> A Registered Nurse is a professionally trained medical person as opposed to the care that they would receive from family. But certainly I think family cares for their elderly in a slightly different way. You do it out of love because they are your relation…we bathe her and we clean her if she needs to be cleaned. We would do that at the hospital and the nurses would say, "Oh, no, you don't have to do that." I say "that's our job, she's our mom and we're here and we'll do it"…we felt as my mother's daughters that was very much our job…I guess what I'm trying to say is that out of love and respect for your loved ones that you want to care for them and tend to their needs.

Another general informant (#110) talked about the experience of caring for her mother:

> Basically she was bedridden. A member of the family bathed her, cleaned the sheets, changed the sheets while she was in bed, you know, changed her pamper, sat there, spoke with her. Even though they are bedridden people seem to think that…they no longer want to talk, no longer want company, that they have been forgotten…I always made it a habit to speak to her, ask her how she was doing.

> I'd have a conversation with her, sat down, made sure I did her hair, make her feel pretty.

Key informants described care as meeting physical needs when they were sick or needed care. Key informant #005 described the care as given by the family as "doing stuff in the house and taking care of me, giving me a bath or something." Other informants talked about the care to meet physical needs included making soup, helping a person down the steps, helping them getting into a car, translating for the non-English speaking elder. A caring person was someone who was willing to help others, helping an individual get comfortable, making sure all physical needs were met. Care as meeting physical needs was a common descriptor expressed by key and general informants.

The third pattern of generic care which emerged was care as maintaining a sense of dignity and respect. Respect of elders was described as being very important in the Puerto Rican culture. Respect is an essential attribute of a caring person, and must be incorporated into any care given to an elderly Puerto Rican. Asking an elder for a blessing (Benedición) should be done when entering or leaving a room. Asking for a blessing and kissing the elder goodbye is very important to the elder, giving them a sense of family. A general informant (#102) said: "Your seniors or your elders are in different levels. You treat them with that extra level of respect." Another general informant, #103, described respect for elders in this way:

> Well, in the family, you respect the elder. You do what you can for that person. That's like God; do you know what I mean? Usually Sundays we go to my mom's house, and if the kids don't go for whatever reason…they'll call her up

> and ask how she's doing. So the elder is something superior, something in our family anyway.

General informant #106 expressed her views about respect for elders:

> …To treat them with dignity and respect. I think that's what we all do. Respect is a big thing when it comes to our elders. They expect it and we're expected to give it…Whenever you see your elderly mom or grandmom you always ask for a blessing, then you are showing respect and they bless you. God forbid that you walk into the room and not say that to your mom or dad, or grandparent. And certainly I would expect that they be treated with dignity and respect wherever they are.

Key informant #005 talked about respect and love for elders:

> We love our elders. We mothers in Puerto Rico are very special. Your mother's always with you, you could always go to your grandmother, they're very caring, they're very caring. I mean, I remember my grandmother, my God, she was so caring for me, she used to sew for me, cook for me, take me to the park, just do everything for me. They're very caring…What she said, goes.

When the researcher asked key informant #006 about how the elderly Puerto Rican should be treated and how people of this culture feel about the elderly, she said "they should be treated good. They take care of them, too."

Key informant #008 expressed these thoughts about respect for elders:

> I always tell my kids you have respect for the older people, you know, and help them. If they need help, you should help them. If they're walking and they have to cross the street, I mean if they need something and you can give it to them, you

> know, they're old and one day you're gonna be old too. I always talk to them like that. That happen to my 10 year old, he says yeah, he sees somebody, mom, I gonna help, he go and help. He says because I know you're old too. Don't call them names like I hear some kids calling the older people names and stuff like that, you know, be nasty. I don't like that. My kids, never, never like that.

General informant #100 said that elder Puerto Ricans "like to talk. They like you to show care to them. That you really care what they are saying." General informant #117 talked about care she gave to her grandmother:

> As with respect and care, it's always important to find out what they need. My grandmother just came 85 years old and I came and visit her to see what she needed. If she wanted to go shopping, I borrowed a wheelchair from the hospital so I could…because she could hardly walk. They lent it to me. I took her everywhere she wanted to go.

General informant #113 expressed the following thought about caring for an elderly Puerto Rican in their home:

> It's one thing and I need to have a lot of tolerance and I need to have a lot of patience because I'm in her house. Puerto Rican women in their house, they rule and they show it. It's like "this is my house; I can do whatever I want."…So you have to be very careful not to cross that boundary line that you might upset my mom so…it's like sometimes walking on a piece of glass.

General informant #119 said that elderly "are very well respected. You go out of your way for an elderly person. That's how we grew up. You always go out of your way, you

always respect your elders, you always ask for Benedición. She also talked about her experience of caring for an elderly person at home:

> I think it was more personalized because of the fact that we knew her so much. We knew her inside and out, and even though she couldn't talk we knew, we can tell what she wanted as opposed to her being in a hospital room. I mean, not that they're not compassionate, but it's just like I think she just got more love at home and more…she just felt more secure at home than she would have in a hospital room.

She further described this experience of caring for an elder Puerto Rican:

> My grandmother was very sick, she had cancer. We took care of her at home, so each family member took a turn. We all had turns taking care of her…It was hard because we were really attached to her, she was the center of everybody. Everyone went to her. It was pretty hard, but at the same time I learned to appreciate elderly people because of her. I'm not afraid to care or I'm not like…I think I'm more compassionate towards elderly people because of her, because of caring for her, and I see how ill she got and she couldn't do anything on her own. So we did everything. We did her hair, we bathed her, she would always have her nails painted so we did her nails for her. She could hardly talk anymore. It was hard, but it was an experience. I enjoyed it, just to have that time with her, not that I enjoyed caring for a sick person, it was just the fact to have that time with her.

General informant #114 described a caring person as "someone who would be there for you when you need to talk to them, or if you're sick, they'll be there to take care of

you…and who's always been there for you through good times and bad." Informant #117 described a caring person as someone who is "emotionally involved in how the other person feels, how they're doing, their well being, caring for someone else when they cannot provide for themselves."

General informant #104 described his experience of caring for an elderly Puerto Rican:

> I think from my family's standpoint, at least, I come from a large medical, nursing, nurse's aides, well, nursing in my family along with Puerto Rican much more caring, as more often from a religious standpoint because a lot of them involve caring, a lot of praying, a lot of…there's more of a bond to take care of each other, you know. It's not just taking care of, that's it, a lot of advice given, sometimes good, sometimes bad, a lot of opinions. They're always there for each other and around the clock. Like she has my sisters, even though she's good now, a lot of times the two sisters say, well, I'll stay at the house with you all night then. But when she was in the hospital there was consistently three people in her room, all day long, counseling…constantly just stay with her and just keep her company or make sure whatever she needed. So even though there were nurses there we wanted to make sure she actually got what she needed all the time.

General informant #112 said:

> dignity and respect across the board will never fail you when caring for an elderly Puerto Rican…dignity and respect when the language is understood, and if you're gonna make a mistake, make a mistake on the side of caution instead of ignorance or stupidity…You talk to them firmly when you have to, generally kid around with them, stop by, rest your hands on somebody's shoulder and ask them how

> they are doing. Our seniors are very respective people because they were raised in that era of respect, so it's like a sixth sense to them that if you respect them, they appreciate it all the more. If you don't respect, then they'll know, they may not say anything to you but just avoid you next time.

Key informant #009 expressed these thoughts about dignity and respect:

> When you first see them you always ask them for their blessing, and you always give them a hug and a kiss. If you don't do that as soon as you walk in the door you're looked at as if you're disrespecting them…It's kind of you look at them like an older, wiser person, so you treat them with the most respect…

Developing trust was described as essential in the care of an older Puerto Rican. A general informant talked about the relationship of trust to health and well being:

> I think the care, if the person doesn't trust or have some sort of bond with that person that's giving them the care, they are not going to trust them. Therefore, they are not going to do as they're told…then their health breaks down. And part of their well-being to me is being a healthy person physically, mentally, and if it's not there, then there's nothing, there's a breakdown.

Key informant #005 described other measures to show respect and maintain dignity, including offering coffee, or something to eat or drink when visiting a home. Faults and differences of elders are overlooked. An elder Puerto Rican should never be called a liar, as this will offend him very much. Jokes are acceptable with family members and close friends.

A fourth pattern which emerged from the data was that caring means looking out for others. This can involve direct physical care, emotional support, or checking on

someone if the person has not been seen in a few days. Concern for another person is at the core of this pattern. One general informant used the words empathy and tenderness to describe care. She said "you are empathetic enough to offer someone something that's going to comfort them and care for them tenderly." Another general informant (#108) said care means "that one would have shelter, water, food, medicine, love and support and just your essentials for living a day to day life." General informant #106 described a caring person:

> Somebody that puts other people before them. They think about others before they think about their own needs or issues, someone who is attuned to the needs of others, who looks for ways to solve problems with others, you know, caring in every sense of the word in terms of looking after their basic needs.

Key informant #004 described this experience of a caring person:

> Where I live now, when the women need help, I go for them to the store, because this is to be a gentleman, to open the door for someone else. One time where I live one lady that weighs twice as much as me fell down. I was running. I went down and I grab her and hold her and she said "My God, where you get that strength?" I said "Well, God I guess want me to help you." So I just help her up and she's still grateful. Every time she sees me she says thank you, you are so good. I don't know why, but it's because I like to be nice to people…

Key informant #005 expressed these thoughts about a caring person:

> Well, I have my brother and sister and my good friends and all that stuff, so I make sure that the person, if they need me, I'm there. I make sure that I watch to see if that person needs me and doesn't ask me to help them, I'll know that they

> need me. So I offer myself in many ways. It could be with money, it could be with help in the house, you know, maybe cleaning if they need it or going to the store for them if they can't come out, or they're depressed, or if they need recreation. Whatever that person needs. And if you could help, you have to be there.

She further described the pattern of looking out for others in this manner:

> A family could be a dear friend, its' family. I have a lot of dear friends and I consider them my family. I have a friend that she had surgery, and immediately J. accepted it because he understands Puerto Rican culture. I immediately went four days taking care of her because she doesn't have family around here. I don't know why but anyway, I know that she's like my sister and whenever she needs me, I'm there.

General informant #100 related this story of care as looking out for others:

> I remember last year when I was really sick like for four days, I miss church and then Monday I got two elderly women with this cream pea soup, and I feel much better. And they were doing my dishes and they were sitting and talking to me. They watching Oprah, we prayed together, and we were so…you know. I don't have family here; it was so like being home again, like being with my family. And they put Vicks on me and they put alcohol. I was so stinky.

General informant #120 described care as "care for someone, take care of someone means helping them, looking after them, making sure they're OK. In a home environment when I think of care I think of our parents, making sure that they are OK."

This pattern of care was expressed by other informants. General informant #114 said "well, for my grandparents, I went and see how she's doing and if she needs anything. I'd go and run errands for her or teach her about something like getting her medication." Another general informant (#121) described the care given to her father by the family when he was in the hospital. She said "we just feel that we need to be there, that family presence is crucial, especially when someone is dying. We just did not want to leave him alone at all during that time." Another informant described a caring person as "someone who is selfless, someone who gives of himself and makes sure people around them are OK and taken care of, and that their needs are met."

> A key informant (#010) described generic care as:
>
> They offer to pick you up, they offer to take you out, they offer to help you to get the medications, tea, that's the thing that makes you well. They are very concerned and they are concerned about "did you see the doctor, did you go to the doctor, are you taking the medicine at the right time…you better go to another doctor, the doctor's not doing so hot." Concerned, very concerned. You need to get well.

Key informant #009 described care as "to look out for your own well-being as well as others, proper eating, proper sleep, proper exercise." She described a caring person as "someone who looks out for the better interest of other people, especially family members, siblings, to make sure that they make the right choices in life. Also, that they're OK with their health care, their well-being."

Professional Caring Expressions and Patterns

The first universal care pattern which was derived from the data is that a caring nurse is supportive, friendly, compassionate and empathetic. A caring nurse approaches the individual in a manner which conveys the feeling that she/he cares about that individual, and will do whatever is necessary to meet the elder person's needs. In the Puerto Rican culture nurses are held in high regard, and respect and some trust is given to that person by the very nature of the profession. A caring nurse displays the ability to build on that trust and respect by delivering nursing care that is kind and compassionate. One key informant (#003) said that a nurse must treat Puerto Rican elderly "good and nice." She said that a nurse "is a second mother, when you are in the hospital." Key informant #004 said that the manner in which a nurse approaches the patient has a major effect on nursing care and health. She said a caring nurse must talk to you, explain things, and teach the patient about different things. One way for a nurse to show care is to say "I'm your nurse for today" or "I'm going to be here for so and so". Care was described as taking care of a person to meet their physical and emotional needs, treating the "whole person." One general informant (#108) felt that the nursing care given to Puerto Rican elders was different from care given to other elders because of the language barrier. She expressed her thought this way:

> …Sometimes you actually see the nurses listening harder and trying to understand more because of the language barrier…as opposed to sometimes when it's an English speaker, they kind of multi task more, do you know what I mean? So I think when there's a language barrier I think the nurses are forced to look at their

> faces, look at body gestures, look at other things to try to understand what's going on.

A general informant (#100) described a caring nurse:

> A caring nurse for me is one that delivers the care, you know, she knows what she is doing, but she also has the compassion with the patient, she's the one that before she puts the injection she touch the patient and says don't worry, everything is going to be fine. She's the one when you have headache she give you the medicine but she also touches your head and she always gives you a warm smile. That's a caring nurse. Or always go to the room and talk to you even if she just going to change the IV, she go and talk to you and say Hi.

Another general informant (#105) expressed similar thoughts about a caring nurse:

> Understanding, compassion, gentle, patience, even just learning a couple of their words, even to say Hello or Good-bye or How are you? I think that makes a really, really big difference…I think just learning a couple of words even helps. A lot of I think being physical is a big part of it, too. Touching them, holding hands, giving them a hug, it just seems to mean so much to them and then I think they really knew that's when you cared.

This pattern was expressed by general informant #106 about a caring nurse:

> Someone who looks beyond just giving medical care. A caring nurse is someone who has empathy and who can laugh with you and cry with you, someone who is sensitive and sensitive to the needs of other, to their cultures, their wishes…kindness, you know that they really care about you, worry about you, want to make you feel comfortable, want to make you feel better.

Taking time with the patient was a common descriptor expressed by key and general informants. The informants recognized that nurses have many patients to care for in the hospital and, therefore, cannot spend hours with one person. However, taking some time to show concern and empathy was a universal pattern expressed by informants. A general informant said "I think a caring nurse is someone who is very sympathetic to the person, that she can take her time with that person. I'm not saying two or three hours on the same person, but make sure that it is not rush, rush, rush." A key informant (#004) expressed this thought about a caring nurse:

> Treat you like you family, you know, touch, be nice to you and not be nasty, and stuff like that…I had a visiting nurse in my apartment and I never had nothing so great as having a good nurse working with you. As a matter of fact, I had a nurse down at Bethlehem Steel…I was there a couple of times and without having an appointment with her, she took me in and checked my blood pressure, checked my sugar, showed like care, without an appointment. We're going to help you; that's the kind of nurse I believe that really for me have all the qualities.

Another key informant (#007) said:

> She has to be not only professional; she has to be emotional too. She has to be a friend, she has to be a friend like a sister, like a mother, like something close to you, not the better to give you medication at time, to care when you hurt. No, she has to be more of that, has to be very friendly with the person. That produce the person to trust more, to feel more better, that helps a person to start to feel better. The nurse has to be human, no only nurse. Has to be human, you know…You

> feel scared when you see the first time that person, so it's very important to be friendly first.

This informant further explained:

> The people like to be very friendly, they like the people when they talk with somebody, be friends…and they like that the nurses and doctors pay attention. Like you, I mean, you pay attention, you look my eyes, I look you eyes. We like that because that say you are interested in what I talking about. That's very important. You see I talking and you looking for the right place, I be back, that's important. And when you feel that they like to shake the hand, they like that and they respect and they like to do some remedy, some home remedy…You have to be very simple minded if they have that kind of idea. ..We talk loud…you need to understand that people speak loud.

The pattern of friendliness as being an important quality of a caring nurse was expressed by other key informants. Key informant #008 said that a caring nurse "should talk nice to you, about you sick, you gonna be better, and be nice, I like that if they do that." She further said that a caring nurse "takes my hand and say Good morning, you gonna be well soon." She also told the researcher that "you're nice. I wish every nurse be like that, you know, friendly, nice." Caring as being personal and friendly by the nurse was expressed by this key informant (#010) as "a person who cares about sick people, who cares about doing the best job that he can, who cares about helping the person regardless of the condition or the circumstances."

A general informant said that a nurse caring for a Puerto Rican elder "would give the same care that a family member would." This was further explained by a general

informant as “a caring nurse is somebody who is compassionate, willing to go beyond the call of duty, somebody who’s willing to meet pretty much a sick person’s needs and then some.” General informant #112 described a caring person as “a person who empathizes, someone who cares for the well-being of that person physically, emotionally, spiritually, psychologically. Someone who shares that empathy, is not curt, not demeaning. Loving, a loving person.”

The second universal pattern uncovered through data analysis was that a caring nurse is respectful and loving. One of the ways a nurse shows respect to the elder Puerto Rican is to use the word “Usted”, which means “you”, when speaking to that person. This is the formal word for you and conveys respect to the elderly individual. One general informant said “you have to treat them with that respect unless they tell you, you can drop the usted and you can treat me as du.” Using the correct form of this word is imperative when the nurse first approaches the elderly Puerto Rican. It is often the first indication to the elder that the nurse is a caring, respectful person. A nurse conveys love and respect when she/he shows some small gesture towards the elderly person, such as touching them. A general informant (#108) expressed these thoughts about her experience with a caring nurse:

> It’s the holding of the hands, patting on the back, or you know. I remember the one came into my dad’s room and just like fixed his hair…”Oh, J., your hair is messed, let’s fix your hair.” And he just, oh, yeah, you know, and he got so proud. I thought, wow, for that little sign of kindness.

This same informant described some further attributes of a caring nurse:

> I think if they know certain words in Spanish, that would help. If they would know a little bit about Puerto Rico, they could say "you know, I haven't been to San Juan, but I've seen pictures. That kind of sparks show that they're interested or that they know something about the culture. I think if they can spark a conversation or just tell them a little bit about Puerto Rico or just something to make them feel like they're valued, I think that is great. It's meaningful.

General and key informants felt that if the nurse could speak the Spanish language, it would be very good. However, none of the informants felt it was essential to speak the language fluently in order to provide loving care to a Puerto Rican elder. Knowing a few words to say to the individual would convey a sense of respect and caring, and would foster a positive relationship between the nurse and the elder. This was expressed by a key informant (#005) in the following way:

> We think if anybody comes in when you're in the hospital or anyplace and makes an effort to say "Holá, como está", you know we kinda feel so good because we know that that person really cares to accept you, your language, and all that stuff. Shows a lot of caring. If you even say a little bit, just a little bit, you don't have to carry a conversation, or kind of smile, you know? I think everybody should, if you are in the United States, I think you should learn English to make a better living here and be more comfortable.

Meeting the needs of the Puerto Rican elder is essential by the nurse to convey respect and caring towards that individual. One general informant (#116) said that a caring nurse is "one who makes the patients feel like they count like the other ones, their

needs are important. You look at them and you really look at them." Another general informant (#111) offered these thoughts about respect and dignity:

> A caring nurse to me would be a nurse who treats all her patients, no matter what race, color, creed or religion, with respect and dignity. She delivers her services to each individual in an equal basis, does not treat one patient better than the other, and has it in her heart that she must do the best she can to keep this patient comfortable and carry her oath when she graduated.

A general informant (#116), who is a Registered Nurse, described what she does to show respect and caring to an older Puerto Rican:

> When I go into a patient's room I always try to say something positive about them, something I find about them that makes me feel good, that makes me think of them. Like, if I walk in and they smile at me, I'm like "oh, you've got such beautiful eyes" or "I love your hair" and it's not made up. I really mean it. Or like "you really look young for your age" and finding good things about them that I could say out loud that makes them feel they're different, they're special.

This informant further explained:

> The attempt to say a Spanish word to a patient brings so much joy to them. That makes them feel like you are actually reaching out to them, and even if you said "Good morning" in Spanish, "Buenos dias", the look on a patient's face is like "Oh, he's talking to me". I think that is important even though…you don't know that much, but the idea that you reached out to them in their language is such a big deal…The minute you say something, they look at you with such joy and

> admiration and you're a nurse, a medical professional who actually is reaching out to them as a person. To me, that's important.

A key informant (#010) expressed these thoughts about care and respect by a nurse:

> Puerto Rican or any other culture, if you have it, you have it. If you have that feeling, the human being is a human being, in pain is at the mercy of you and the doctor. If you treat that person with respect and you do everything possible you know that person's going to appreciate it. If you come around and treat a person just like an object, it doesn't matter what you do for that person, and you may do it well, they don't want to go back to you again…It's all in the way you treat people. That first impression is a lasting impression…Learn to be more polite and understanding.

This informant explained further thoughts related to the issue of respect:

> I taught my children and grandchildren, you respect everybody. If they need help, the less fortunate ones…our culture is very inclined on the chronologic of age. You're older than I am, I should be respectful to you. If you're a professional, I should be respectful to you, even if you're younger than I am, because you have enough motivation and energy to go back to be something that I'm not…in our culture it's you respect others. We respect the elderly, our parents, anyone older, regardless. In other words, be nice…I think as long as the person is mentally able to understand and recognize what's going on, showing affection and respect is more important than giving the medication. Normally we don't see them demanding, we have a tendency to be less demanding than the average person….I

would say that TLC, tender loving care, guides you a long way, not only with the Spanish people, but with anybody…

He further describes a caring person:

A caring person is a person who cares about other people or other things…and is concerned about their health and welfare and the well-being of the next person as well as himself…When you are a caring person, people appreciate it, even when they can't speak the language…You can see the expression on their faces, you can see that they appreciate it, if you try. That is the distinction to a caring person and a noncaring person…

A general informant (#102) talked about the way a nurse can respect Puerto Rican cultural beliefs and practices with regards to home remedies versus medical remedies:

I think the majority of nurses respect Puerto Rican cultural beliefs and practices, and if they don't, they should. That will create a lot less tension to the patient and/or nurse because one thing is, the Puerto Rican people are very stubborn people. We have our beliefs and if a person refuses to take her medication and wants to use her home method, you don't want to come up and say, "Well, you don't want to do this because it's not working." You want to work with the person by saying "fine, it works, but why don't you just try this and maybe with the medication and the chicken soup you're eating three times a day, it will make it better." You need to learn how to work with them more. Understand their beliefs are never going to change, you know, especially the old Puerto Rican culture. They've had these beliefs for 60-70 years. You're not gonna change them…A lot of them have so much belief in the spiritual world that they don't

> hold much faith in the medical. They just believe it's just gonna happen, if God is gonna take care of me, there's no need to take this medicine. And I always tell my mom I'm not hiding anything. You have beliefs, how do you know God's not helping you by this medication, by providing some knowledge to make this. So nurses need to just understand how can I use this belief to aid them…And a lot of time it will work…I think nurses respect these beliefs and practices because in order to work with a patient who is Hispanic culture, you have to. I mean, sooner or later if you don't, you have a real rough time with that patient. You'll be in for a real long day.

The third universal pattern of professional care is that a caring nurse displays presence. Presence can be demonstrated in different ways. The nurse is present when she/he meets the physical needs of a person. Presence is displayed when the nurse "goes the extra mile" and is friendly and personal. The caring nurse acts in a manner which says to the elder "I care about you and I want to be there for you. You are important to me." A general informant (#102) described care as "someone who makes an effort, understands them. Someone who asks about their family, someone who would try their food, who's willing to taste their culture while they're providing them with whatever service they need. Someone who just shows an interest in helping them." Another general informant (#105) said "I just think you need that extra step to let them know that they are a person, and they have feeling, and they're not just there because they have a problem.

General informant #104 expressed these thoughts about a caring nurse:

> A caring nurse has got to, first of all, show her/his face into the room and…say "are you OK, can I get you something to drink, can I get you something?" Check bandages even if it's not supposed to be done every 2 or 3 hours. Come in every extra time you get a chance to look in on the person to see what's needed; make sure there's nothing wrong.

This idea of a nurse taking extra time to talk to the person, show that the nurse cares about the person as an individual with needs and feelings, is essential to being a caring nurse. This was expressed by a general informant (#107):

> I think they have to be empathetic. I think if you have no sense of what someone's pain level can be or someone's comfort level and you're not sympathetic to that, then you're just going through the motions, it's just a job. But I think a truly good nurse is one that takes enough time to explain some things that may not be…you know, this person may have no knowledge…what they can expect, what they can do. But often that they're caring enough to make that person as comfortable as possible.

General informant #108 described a caring nurse:

> A caring nurse needs to be one that has the time to listen and to really connect with the patient. Just be there for that person, whether it's aches and pains or just to be there physically and emotionally. I think now that's hard to do with the time constraints and all the pressures that are put on nurses. So that's what I would see in a high quality nurse.

This description of a caring nurse was further expressed by another general informant (#109):

> Someone who utilizes all tools, resources, education, and maximum abilities to help another person. Goes a little bit beyond the normal routine. Especially tries to understand a person's culture – learns the language of that person under their care. A nurse should know the language of a culture if caring for a large number of people in that culture. Needs to hug, touch the person, and look at them when talking. Must be aware of what is appropriate for that culture, for example, in the Puerto Rican culture touch and eye contact are a sign of caring and respect. One who learns the norms of a culture.

Key informant #012 described a caring nurse:

> A caring nurse, I think, would have to be someone who is empathetic, who listens, cares to listen, understands. Someone who would ask the extra questions…are you comfortable, does anything hurt you, is there anything I can do for you? Let me see that, are you sore, let me take a look. More than just asking and receiving an answer and going about his or her way. You have to go that extra step.

Key informant #005 expressed thoughts about a caring nurse and the pattern of presence:

> I think a caring nurse is that nurse that always is seeing the person, that they, you know, have the medication, help them with themselves, whatever they need. Help them out because I think when you're sick you need that; especially tend to be tender with a patient. Understand them, give them love. The nurse has so much responsibility when a person is sick and is under their care that she should be there, maybe not all the time but most of the time.

An essential attribute of a caring nurse is that she must be responsive in a timely manner to a Puerto Rican elder's request for help. A key informant (#008) said "some nurses

really care like I was their mother. Some of them came and right away asked 'How are you doing today? Are you comfortable, do you need anything?"

Key informant #009 expressed these thoughts about a caring nurse:

> Be able to provide you the care if you're in the hospital that you need. I feel that if a nurse sees a patient in pain, they could at least ask and make that person feel like – at least I cannot do or give you anything right now, but I will try my best and I will ask the doctor to prescribe some medicine for you. I will come back and check on you.

She talked about a personal experience she encountered when she was in the hospital and how the nurse cared for her:

> I needed to go to the ladies room, and she came and assisted me, helped me sit on the bed, and walk to the ladies room. I think those are little things that make a difference and a caring person differentiates one from the other.

A key informant (#011) described a caring nurse as "a person that most of the time is taking care of patients, taking care of whatever they need – medicine or whatever. Making sure the person is comfortable and tending to their needs." A general informant said a caring nurse "pays attention to the individual, listens to what the person wants and tries to meet their needs, to see the person as an individual and who is competent in what she does." A general informant described a caring nurse as one who is "selfless. They make sure that a patient's needs are met no matter what, making sure that the families are OK with what's happening, whatever the situation is."

Being present and responsive to the elder Puerto Rican is an essential attribute of a caring nurse. Spending extra time with a person, inquiring about their needs, and providing direct physical care convey a sense of care and respect for that individual.

Noncaring Pattern of a Professional Nurse

Key and general informants were asked to describe their perceptions of a noncaring nurse. Two patterns emerged from studying the descriptors and data given by the informants. The first pattern is that the nurse approaches care as just doing a job, business as usual. A key informant (#005) described a noncaring nurse as "someone who just does the minimum. Whatever they have to do and that's it. Sometimes very cold. Like maybe they come in the room and say you have to take the medications, here they are, give it to you and just walk out. I did my job, that's it." Key informant #007 said a noncaring nurse "does not talk with you, is not friendly, and doesn't laugh with you. When you find that kind of person, you don't feel good." Another key informant (010) said:

> Well, as we use in the English language, those people that just work for the paycheck every two weeks and their concern is just to get paid. They don't show much concern about if the person needs a glass of water, or if the person needs change, or needs rub his back. A kind of hard, cold person….I've been in the hospital sick about 3 or 4 times. The one time I was very sick and I remember nurses who just did the minimal of what they were supposed to have done. She's away and comes back four hours later when you're supposed to get the next medication and things like that.

Key informant #009 described her thoughts about a noncaring nurse:

> Noncaring would be someone that's just in and out real fast, won't make eye contact. If a person has a question or an older Puerto Rican says that they don't like the food…just brushes them off, doesn't listen. Will just come in and tell them, well this is what this is but not explain why or not remember that there might be some language barriers. Will not try to get someone to communicate in a more effective manner, is very abrupt, very fast, not conversate, in and out. That's noncaring.

Key informant #011 said a noncaring nurse "just comes in to give the medicine, that's about it."

Several general informants described a noncaring nurse as someone who lacks presence and shows little interest in a person. One informant (#100) expressed:

> It would be a lack of care for me. It would be real professional, maybe she's the best nurse but she just thinks the person is a machine…not going inside the room and saying "Hi, how are you? Good morning. I'm going to do this." Not asking if I understand the procedure. For me this would be very rude.

A similar description was expressed by another general informant: "In the hospital the nurses do not give you extra, that's my feeling. They don't go the extra mile, unless they are really someone special. Usually they're there to do their job and that's it."

The second pattern of noncare by professional nurses is that a noncaring nurse neglects his/her patients. Neglect can take many forms. It may be that the nurse multitasks and doesn't treat the patient as an individual. An individual may perceive that the nurse doesn't listen to what is being said, or feels that the nurse rushes through care and procedures. A noncaring nurse might not meet the physical needs of a person.

Neglect is also present when the nurse does not acknowledge the person's culture as being important in that individual's lifeway, thereby making the elder feel inferior. A key informant (#002) said that a noncaring nurse "neglects her patients and doesn't listen to their needs. I think that's uncare, that nurse doesn't care about her patients."

A key informant (#004) expressed his thoughts about a noncaring nurse:

> The ones that don't care about it, the ones that walk around with a long face, with bad attitude, you know, like you're not the only one in here. We have to take care of other patients, you wait, you know what I mean? We take care of you later and never even come back. That's the kind of nurse I wouldn't go for. I wouldn't get mad about it but I don't believe would have the qualification to work in anyplace.

One key informant (#008) described a very personal experience she had in the hospital which she described as noncaring by the nurse:

> Sometimes I used to call them, they ignore me, you know. They didn't care. I needed help to go to the bathroom. The last time I was there it was for my appendix. The nurse was really nasty to me. Every time she used to come and get the blood you know, here…this hand was so black and blue, she was screaming at me. She got mad at me because she couldn't find my veins. It was so much, every day it was the same. So she got mad and she pushed in the needle, instead the needle went in her hand. Oh, my God, she was so mad, yeah. Even then my lady, the one that was sick next to me, she said "Oh my God, she shouldn't be like that to you, you know, be nasty like that." What I did, I cry…I feel there should be more, you know. Caring, you know, for a sick person…

Another key informant (#009) described her experience of having a nurse who was uncaring:

> Maybe like I experienced something before while I was in the hospital and this nurse, I was complaining of how bad I was feeling. I couldn't walk and she came, she stood there, she stared at me and she wouldn't move. I was almost falling on the floor because I couldn't move and she could care less. So I don't think that was a caring nurse.

A key informant (#011) said a noncaring nurse "would neglect the patient. Sometimes they press the button for emergency or something like that, and instead of going there right away, might take 5 minutes before she showing up. That would be a noncaring nurse."

Several of the general informants expressed very strong opinions of the attributes of a noncaring nurse. One general informant (#116) talked about the discrimination shown to patients who are not Caucasian:

> If the nurse is an American nurse she will do, I see her do minimal. I have seen her talk less with the patient. I have seen less care. Let the aide who speaks Spanish deal with her. I've had that own experience with my mom in the hospital and I've had the aide, the Spanish aide complain to me that the nurses aren't answering call bells…because the patient at the other end is Spanish. They won't be able to understand and that prevents them from going into the room to even attempt to communicate.

Another general informant (#113) expressed her views about a noncaring nurse:

> Well, a noncaring nurse, I think, is a nurse that perhaps somewhere down the line has lost her mission statement and is filled with anger and some other issues. Begins to treat her patients uncaringly, rushes around to get things done, and perhaps doesn't treat them physically right…actually is just going about doing her job and not looking at the deep needs of that individual.

Informant #102 described a noncaring nurse as "business as usual, hides behind procedures where they don't have to go that extra step. Someone who doesn't acknowledge person, culture or past or language barriers or any other barriers to me is a noncaring nurse."

Three general informants described very personal experiences they had with a professional nurse that they felt was not a caring person. Informant #103 said:

> I always remember when I had my gallbladder operation, and I'll always remember this rotten nurse. She was really bad in like she wanted me to lay down the way she wanted me to, you know, the way she wanted. And you know when you have an operation, you try to do it the most comfortable way. She nearly pushed me into the bed and I always say that and to me, I speak English. Imagine someone that did not speak English.

General informant #106 described her experience with a noncaring nurse:

> Sometimes I guess we all say things that are inappropriate, but I just left the hospital to go home to shower. I got a call from my sister who said "turn around and come back." I knew what that meant. When I got into the room, my mother had just passed away and it was just…I had been under a whole lot of stress throughout the last two weeks, and I just broke down and so I was really a mess.

> The nurse came in and she looked at me…and she said "Well, weren't you expecting this to happen?" And I thought how cold, you know, no matter how much you expect that, you know. It was like, don't be upset. She shouldn't say stuff like that, you know.

A third general informant (#120) described her experience with nurses who did not show care:

> Well, interesting you should say that because I had a recent situation where someone here was a very noncaring nurse. It was a family member that was in the hospital, and he was in pretty bad shape. That was a noncaring nurse…she was rude, she was downright rude. I felt she didn't really care about him, what was happening to him and the family, it was more like I'm here to do the job, get out of my way kind of attitude instead of "what can I do to help this person that seems to be dying?" She was very cold, very, very cold. I went to visit him in the morning and basically she said to me you have to leave. He's dying. If I need to leave you can ask me in a way that didn't make me feel like I was intruding, because in my mind these were his last hours. So I was very disappointed…There was no compassion. And he didn't die, thank God. But not all of the other nurses were that way; just this particular person that I felt, maybe there's an issue here. Maybe she just doesn't like Puerto Ricans, you know, like we tend to as family. We were all in the room with him and maybe that was something she just didn't like.

Another general informant (#108) talked about a nurse as being uncaring:

> One that's constantly rushed, constantly trying to get things done without talking to the patient, without looking at the patient, without listening, you know, and looking at their faces. Multitasking while the patient is trying to tell them what's going on with them.

Other informants described a noncaring nurse as someone who is superficial, task oriented, wants to get the job done and doesn't try to individualize the care. Ignoring a person's needs and not following up on care given were qualities that were perceived as noncaring. Someone that's abrupt and rough in how they deal with a person was considered to be a noncaring nurse. A key informant (#012) said she "wouldn't like that nurse because that person is not taking care of her very well."

Key and general informants related thoughts and experiences which they felt characterized a noncaring nurse. For most of them approaching nursing care as "just doing a job", ignoring the individual as a person, and not meeting needs of the person were attributes of an uncaring professional nurse.

Health Care Pattern

Elderly Puerto Ricans consider health to include physical, mental, emotional, and spiritual health. They expressed that health and well-being were closely related, but that well-being encompassed a holistic perspective. Social and kinship relationships also contribute to health and well-being. Two patterns of health were identified after analysis of descriptors and data.

The first pattern of health care is that health is being physically able to do things, and feeling emotionally and spiritually satisfied. A key informant (#005) described health:

> For me good health is no pain, good appetite, which I have that, being able not to go to the doctor. Right now I have three doctors that I have to see. I have good health. I have health that I didn't see a doctor for maybe when I have a cold and maybe a checkup, and everything came fine. That's what I call good health.

She went on to say:

> So I say good health is when you don't have to go for test so often. That's what you call good health, when you're happy mentally, physically, you know, emotionally, that's good health.

Key informants described health as "being good, don't have nothing, don't feel nothing." Informant #007 expressed this thought about health:

> For me, it's when I don't feel any physical problems. When I don't feel the palpitations I feel good. That's for me, good health. When I can't eat good, when I can't walk, when I can't move, when that change, I say I don't feel good…When you feel tension you feel heart palpitation too. And you feel panic attack, so that not good health. Emotional health affects physical health. It's a connection. Or when you don't feel physically good, affects you emotionally too. Like going around.

Key informant #008 described health as "when you don't feel pain, I guess. You know. You are like normal, you're not sick. Real health is you not have anything. That's health to me and now I don't think I'm a healthy person." Key informant #009 described health as "perceiving what a well state is for that individual, being free from illness, up and walking, feeling good about themselves." She described well-being as "being safe,

wanting to get up everyday and just go out there and see what life has in store, of wanting to explore things."

These thoughts about health were expressed by a key informant (#002):

> Oh, health means a lot of things. I should say health starts with your well being, mentally, emotionally, of course, and physical, you know, it all comes together. Health means being healthy, having nothing, no big worries, you know what I mean. That's health for me. No physical problems.

According to key informant #010, "the word health has many connotations, but the connotation to the average person is staying healthy, do the right things, take care of yourself so you don't get sick"

General informants described health in similar terms as the key informants. One general informant said health is "someone who is not sick, doesn't have any diabetes, high blood pressure, that eats well, exercises, has attained their well-being." For this informant, well-being meant the same as health. General informant #104 described health:

> Health to me is living at a maximum potential. It's living where there's nothing wrong with you. Get up every morning, feeling great, being able to do your job without aches or pains or suffering. Health is being optimistic on how you feel and what tomorrow's going to hold, and not being afraid to do anything.

He described well-being:

> …when I was in well-being I just felt like real good. Like now. I have aches and pains and stuff but I just feel like nothing was wrong, everything's perfect. You feel real good, not just physically, but overall, there's nothing wrong. It's kind of

> like after you get your car and your house paid off and you feel like (Ahhhhhh) isn't that nice. To me, that's well-being. Talk about physically good, well. Well-being is everything's in check, emotionally, mentally, physically, everything is perfect. It's kind of a utopian feeling where everything is just right.

Another general informant described health as "being without disease, la salúd, which is feeling good, not having any problems, feeling in good shape." For this informant, well-being means "all is well with my being, that I'm not sick, that I don't have any aliments, that I don't have any complaints. There's this general feeling of feeling good as opposed to saying, well, I don't feel hot today or something bothers me."

A general informant (#108) described health from a personal perspective as a result of caring for her elderly father when he was ill:

> Well being…no pain, regulated blood pressure, just you know, having your ducks in a row and kind of making sure that illnesses are treated, and you're getting the proper medication…just the mental well being whether it's spiritual, but really dealing without pain, you know, just having your pain controlled. I guess as you get older there's more pain and aches and things. It's hard for elderly people; sometimes it's affected by the language barrier to actually explain the level of pain. When my dad would have pain, we would say "J., chest pain, in a range from 1 to 10, tell me." After awhile he realized that it was a nine but we know he wanted to say a 10 because he wanted to be strong, don't want to show their weaknesses…He would try to hide or not complain to the nurses, he didn't want to bother the nurses…They don't want to be a burden. Like I said before, they're

> constantly doing for others, now it's self helplessness. It's hard for them to deal with.
>
> Health and well-being as a holistic concept was evident in the responses of all informants, but even more so in comments made by general informants. An informant (#110) described health:
>
> > For me, healthy, I feel I can get up in the morning and do my daily chores, whether it's cleaning the house or whatever I have to do. If it's a day that I'm feeling overtired or I feel that I'm being stressed, I figure something is breaking down. Well-being to me would mean just being able to get up and doing whatever you have to do.

The holistic concept is evident in the description of health from this general informant (#113):

> The word health to me means a total sense of well-being within an individual which includes the physical, emotional, psychological and spiritual. A person in good health to me probably comprises all of those things, in excellent health. Then it starts degrading. Some people have spiritual diseases and some people have psychological diseases, and those of course you can't see.

Another informant defined health as " not just the absence of illness, but a positive state of well-being, where you take care of your physical health, your emotional health, your spiritual health. You are kind of like an active participant staying healthy." This description of health was supported by another general informant who described health as "staying healthy, exercising and eating right. Having a good health care system. When I think of the word health, I think of being healthy and avoiding the things that make you

unhealthy." Another informant expressed this thought about health: "Health is your overall being, I guess, your emotional and physical condition. I would consider that health.

The second pattern of health care is that a person maintains or improves health through generic and professional care practices. Generic practices include using home remedies, which were discussed earlier in this chapter. Presence and kinship are also important to foster health and well-being in an individual. Professional care practices such as regular doctor visits, taking medication, and adhering to medical recommendations are also important in maintaining or improving one's health. One key informant (#009) described the practices she uses to stay healthy:

> I remember like I was always very healthy, I never complained of having not even headaches. I never even knew what headaches were until maybe in the 37th year. But after that I started feeling changes in my body, like I used to get a lot of headaches, I used to start getting nerve problems, like I would get too nervous. I would get anxious. From there on I started to notice changes in my health, then I developed high blood pressure. I get depressed a little bit and I attribute that to maybe age and also the stress that I put myself under…I'm taking medication for high blood pressure, for depression, and anxiety. I get very anxious, so I don't think I'm too healthy right now. I try my best, but because another problem that I feel is like I'm overweight and I've been trying different diets. That's another problem I have. So maybe it's a little bit of everything. Even though I say I'm going to eat a balanced diet, I don't think I'm able to do it. I cook for my husband every single day, Spanish food, and you know that brings a lot of fat and meat.

Key informant #005 described practices she does to stay healthy:

> Sometimes when I do take care of myself I feel much better. Resting is one of the things I have to do a lot and that's a care. Taking my medication keeps me better, you know, in my health. Eating better, much better. I feel much better. Sometimes I said you are what you eat. I am very fat on my diet, because sometime I have to do my diet because I know that I'm not feeling healthy.

Another key informant said that she "always follows the doctor's instructions. If I make a decision to do something that he doesn't know, I always ask him first."

A general informant (#112) described a personal situation in which he needed to intervene with an elder Puerto Rican who was experiencing health problems:

> There's a senior who was working here as a volunteer and she is about 78 years of age, and she wasn't physically healthy. I kept her on as long as I could and then she needed surgery at that point for her well-being. I told her that the job ended. I kept her on for her well-being as long as I could because I know that she's the kind of person that without a job, she may just shrivel up and give up and say "now I'm totally worthless and now I'm ready to die because they've taken my value away from me." Hopefully I'm making the right decision; hopefully I made the right decision to keep her working as long as I did. She's not happy with me. She told me that yesterday, she said it's not right, but I think given the situation, I'm doing it for her well-being. I feel that I'm making the right decision.

A general informant (#102), who is a professional nurse, talked about the values held by elderly Puerto Ricans with regards to health care and practices:

> It's very common in our culture, if it ain't broke, if it ain't obvious, don't touch it. That's why faith is cognizant in an amazing amount of diabetes, like I can't see it, I can't feel it, or if I do I think it's my mood, or what I ate last night. I don't think it's because my diabetes is getting worse, or that I even have diabetes. I see especially in the elders is if they don't understand that walking into that exchange, all they're going to get is a door closing on them and then the nurse is going to get an attitude because she has a noncompliant patient. It's a very fatalistic, crisis oriented attitude, it's always been. That's how they live their lives, they push it to the side when it need to be dealt with…And when they come into the hospital, "Oh, God willed me, I have cancer or I have diabetes." It's so engrained, that whole fatalistic thing and the way of life and the cultural beliefs.

A general informant (#116) talked about the care she practices with regards to health:

> I do not go to the doctor right away. I don't wait as long as my mom used to wait when she would let it run its course. I've become a little better at seeing what's going to work and what's not going to work. When the kids were small, even to this day, I give it a three day running and if it doesn't look like it's going to get any better or the throat's affected, I'll take them to the doctor. There's some Spanish who don't and that's why one of my nieces acts funny. Both of them are nurses, their daughter had a high fever, they did all these home remedies and now she has a hearing loss because they did not believe that it was needed to go to the doctor. And they were health care professionals. I'm more into the medical field. I do the remedies for awhile, but the three days' are my marker. If there is no improvement, they go to the doctor.

Another general informant talked about the use of home remedies, and the passing of the traditions within the family. She said "I like the Vicks, I still do that. I mean, I will take the Vicks and my daughter even, I find that when they're getting sick, they put it in their hands and rubbing their chest with it." General informant #113 expressed these thoughts about maintaining or improving health:

> I eat as healthy as I can. I eliminated all the things my mom brought me up with like Mazola oil and all those things. I try to eat good and then I read a lot of spiritual books and health books and things like that. I get a lot of exercise in my own home. I have a lot of stairs and I go in the yard, and I clean the outside. I have a little exercise machine that I do for my stomach, so it doesn't blow up and I become an ugly old lady.

A healthy diet is perceived as essential for health and well-being by the key and general informants. Avoidance of sweets and fats was mentioned most often in preventing health problems. Exercise is important in keeping healthy, and hard work is essential to good health. Drinking teas is commonly used to make a person feel better or to cure some illnesses. However, most of the informants seek the advice of doctors and use medicine to improve or maintain their health. Being socially involved is important for mental and emotional health and well-being. For the key informants in this study the Hispanic Senior Center provided them with the opportunity for socialization and kinship.

In summary, generic, professional and health care patterns that were discovered from the data are summarized. These care patterns were derived from close scrutiny of the data. Extensive verbatim descriptors were given to further support the criteria of confirmability, credibility, and meaning-in-context. The descriptors were recorded in

interviews with key and general informants and scrutinized for saturation. The care patterns are grounded in the extensive verbatim descriptors which have been presented. The generic care patterns which were derived from the data were:

- Care as family support
- Care as meeting physical needs
- Care as maintaining a sense of dignity
- Care means looking out for others

The professional care patterns were:

- A caring nurse is supportive, friendly, compassionate, and empathetic.
- A caring nurse is respectful and loving
- A caring nurse displays presence.

The professional patterns of noncare were:

- A noncaring nurse approaches the care as just doing a job, business as usual.
- A noncaring nurse neglects his/her patients.

The health care patterns were:

- Health means being physically able to do things, and feeling emotionally and spiritually satisfied.
- A person maintains or improves health through generic and professional care practices.

Major themes that emerged from the domain of inquiry will be presented in chapter 5.

V. DISCUSSION

A. THEMES

The domain of inquiry for this study was the discovery of the meanings and practices of folk (generic) care and professional care of elderly Puerto Ricans living within the environmental context of a mid-sized community in Pennsylvania. Research for this study was done with elderly Puerto Ricans living in their own homes in the community. Leininger's Culture Care Theory guided the research to provide insight into the culture care practices of elderly, community-dwelling Puerto Ricans. The goal of the study was to identify generic (folk) and professional care practices that promote health and well being of elderly Puerto Ricans living within the community. This goal was important to uncover the culture care practices of this group of people in order to provide culturally congruent nursing care. Cultural congruent care was predicted to facilitate improved health for elderly Puerto Ricans.

The ethnonursing research method was used to discover the emic views of elderly Puerto Ricans with regards to generic care practices related to health and well being. Etic views from twenty-one general informants added to the richness of the findings. The researcher spent over three years within the community of elderly Puerto Ricans primarily through activities at the Hispanic Senior Center to study the domain of inquiry. Additionally, the researcher served as a member of two advisory committees whose purpose was to address the needs of individuals living within this community. The length of time spent among members of the Puerto Rican community helped to substantiate the data and meet the criteria of credibility, confirmability, meaning-in-context, recurrent patterning, and saturation for qualitative research.

The findings from this study are grounded in extensive evidence and verbatim descriptors, which were presented in chapter 4, in relation to worldview, social structure factors, environmental context, and health and well-being. Leininger's Four Phases of Ethnonursing Analysis of Qualitative Data (Leininger, 1991b, p. 95) were used to analyze data throughout the study. This method of analysis was essential through the progression of the study to identify patterns to support the domain of inquiry. During phase one the researcher observed and collected data relative to the domain of inquiry and research questions. Field notes were maintained and interviews with key and general informants were conducted. Categories and descriptors were identified in phase 2 and were presented in chapter 4. In phase 3 data were studied for saturation, recurrent patterns, meaning-in-context, credibility, and confirmability to meet the criteria for qualitative research. Patterns were identified and presented in chapter 4, along with verbatim descriptors to substantiate the findings. In phase 4 the researcher identified four major themes which depicted the synthesis and interpretation of the patterns which were identified in phase 3 of data analysis. The themes were grounded in the extensive data obtained through observations and interviews and reflected the perceptions and thoughts of elderly Puerto Ricans with regards to the domain of inquiry and research questions.

Themes that emerged from the study were: (1) Elderly Puerto Ricans viewed and expressed generic care as kinship and family cohesiveness to maintain healthy lifeways; (2) A caring nurse provides aspects of professional care that support meaningful and beneficial lifeways for elderly Puerto Ricans; (3) A noncaring nurse provides aspects of professional care viewed by elderly Puerto Ricans as a lack of involvement; (4) Puerto

Rican elderly describe health as being able to physically engage in activities and maintain lifeways which promote a sense of well-being. These themes will be discussed and substantiated by the data from this study. The three predicted modes of nursing care actions and decisions are presented to support culturally congruent care for elderly Puerto Ricans living within the community.

Theme 1 – Generic Care Theme

Elderly Puerto Ricans viewed and expressed generic care as kinship and family cohesiveness to maintain healthy lifeways. This theme was derived from the informants' worldview, social structure dimensions, and caring practices of Puerto Ricans living within the community. The generic care patterns that supported this theme were: (a) care as family support; (b) care as meeting physical needs; (c) care as maintaining a sense of dignity; and (d) care means looking out for others. This was a universal theme that emerged in the culture care patterns of elderly Puerto Ricans.

This universal theme was supported by the generic care pattern of care as family support and presence. The family is the center of the Puerto Rican world. Family included blood relatives, extended family members, and others who are not blood relatives but are part of an individual's daily life. Involvement of the family was described as essential to the health and well-being of elderly Puerto Ricans. Family support was offered in many ways, such as socialization at the Hispanic Senior Center, daily phone calls from children and grandchildren, weekly visits by family members, and just being present when a person needs help. Family presence in the hospital environment was reported as essential in caring for the ill family member, and many members of the family were expected to gather around their loved one. All of the

informants described being generic care from a holistic perspective – physical, emotional, social, and spiritual. The researcher observed this type of support offered to the seniors who attended the Hispanic Senior Center. Several of the elders who came to the center experienced a life crisis event over the period of time that the researcher was present at the center. One elder experienced the death of a daughter, and was very depressed about this situation. Everyone at the Senior Center expressed concern about this woman, and offered her encouragement and presence. Another elder became ill and required hospitalization. The director of the center visited him regularly in the hospital, and kept the other seniors informed of his progress. When the elder was discharged and came back to the center, the other members of the center rallied around him to make sure all of his needs were met.

One of the most poignant ways that care as family presence was shown occurred when a key informant passed away. She was the mother of another key informant who regularly came to the Hispanic Senior Center. The researcher attended the viewing to show respect for the deceased and the family. The room was filled with many people who were Hispanic - some from the senior center, some family members, and some from the church. The religious support was evident throughout the viewing. A priest was present to offer prayers; the rosary was recited in Spanish, and indulgences were asked for the deceased. The Hispanic community came together as a family to show care for the grieving relatives and show respect for the deceased.

The care pattern of meeting physical needs was a universal generic care pattern shared by key and general informants. It was an expectation that family members would provide direct physical care to a loved one when he/she is ill or needs care. This

pattern of care was provided to an elder Puerto Rican at home as well as in the hospital or institutional environment. Informants stated that they felt it was their "duty and responsibility to bathe, dress, and care for their loved one" even if nursing care was available. Elderly Puerto Ricans, especially females, preferred to have a family member assist them with their physical needs. The oldest child was expected to care for an ailing parent, however, care was frequently provided by the oldest daughter. Many descriptors of physical care were confirmed in chapter 4 with the following statements made by informants: "Care is taking care or treating people with illnesses or problems until they are completely functional again." "Family members take care of me, doing things in the house; give me a bath, or whatever I need." Generic caregivers felt the need to "do everything for their loved one" even though this was opposite from the medical goals which were set for the elder. A universal feeling expressed by several informants was that a weak or ill elder deserved to be pampered and have all of their needs met by the caregiver. The older Puerto Ricans expressed views similar to these ideas. A diversity of this pattern was noted by general informants. General informants who were professional nurses expressed dismay that this type of attitude existed within the Puerto Rican culture, as the "doing everything for a loved one" attitude interfered with the recovery of the individual.

Respect of elders was a universal descriptor of generic care, and supported the pattern of care as maintaining a sense of dignity and respect. Every informant said that an elderly Puerto Rican must be treated with respect and dignity in order to establish trust and display an attitude of caring. Informants talked about asking for a blessing (Benedición) when entering or leaving the home of an elderly person. This practice was

described as a sign of respect, but diverse feelings regarding this practice emerged from the data. General informants expressed this practice as important to their culture as described in verbatim descriptors in chapter 4. Several of them stated that they were taught to ask for a blessing when they entered the home of their grandmothers, but did not do this with their parents. Key informants talked about this practice, but said that they did not teach this to their children and did not expect their children or grandchildren to ask for a blessing when coming to their home.

Diverse descriptions of respect emerged in data as described by the informants. Several key and general informants felt that respect in general was becoming lost among younger Puerto Ricans who were born and raised in America, and in particular in the community of Bethlehem. A general informant (#103) stated:

> I still identify myself as Puerto Rican, you know, with the Puerto Rican culture. Maybe my younger brothers don't, because they are younger…think a lot has to do with how you teach your children. I mean if you don't teach your children to have respect for elders, a lot of them don't. I see it all the time…Now with all the drugs and stuff…if they don't teach you the right way, you know the influence is not going to be different. It's the way kids are taught.

Another general informant (#104) said:

> I was taught to respect my elders and I teach my sons the same thing. I was raised in the Anglo Saxon area, but I was raised keeping a lot of Spanish tradition, so there's a lot of respect. But as times are changing you see that respect waning. A lot of the new generations come in, they don't have the same respect for parents that we were raised with…I think that as cultures change, as time goes on cultures

> change and the Puerto Ricans, they start seeing how other cultures behave, maybe act with not much respect towards the elders…

Two of the male key informants felt that younger Puerto Ricans are not as respectful as their children and grandchildren, that this value is being lost as they become more Americanized. Both of these informants saw this change occurring as a result of the inability to discipline children today for fear of legal reprisal. Neither of them promoted child abuse, but both of them felt that the ability to discipline a child in some physical manner, such as spanking, made it easier to command respect and good behavior from the younger person. Two general informants concurred with this feeling that younger Puerto Ricans are not as respectful towards older adults, or even their parents. These informants said that younger Puerto Ricans today assimilated the values of the American culture in which respect for older adults is not as highly valued as in the Puerto Rican culture. However, they felt that younger Puerto Ricans also expected to be given special privileges because they are Puerto Rican, without earning the right to these privileges. This pattern of behavior by younger Puerto Ricans was expressed as a concern by the informants, and attributed the change to acculturation of American life as well as the adoption of an attitude of "I'm Puerto Rican, I have certain privileges due me as a member of that culture." An interesting aspect of this change in the attitudes of younger members of this culture was that it did not exist in the families of the informants in this study, and respect was highly valued for all adults, but especially older adults. There was a concern, however, that this value was being lost in younger generations who were born and raised in this community.

Respect for elders in the Puerto Rican culture was described by Higgins (2000) in her study of infant feeding practices. Higgins described respect as a universal theme among members of this culture. However, she also described diversities in this pattern which supported the findings in the current study.

Informants felt that care given by a family member was provided on a more personal level to promote a sense of dignity for an elderly Puerto Rican. The extensive verbatim descriptors given in chapter 4 support this pattern of generic care. Hugging and kissing an elder were ways in which a person interacted with the elder on a personal level. The informants cited this as a difference between the care given by a family member and that of the professional nurse. Even though they did not expect a nurse to be as intimate with them when interacting or caring for them, informants stated that nurses could display a sense of caring and respect by holding their hands, touching them on the shoulder, and looking in their eyes when talking. Informants felt that generic care was more personal because they knew what their family member liked and disliked, what they needed done to feel better, and had more time to spend with their elder than nurses. Family members showed love for their elders, an expected care value for family and friends. Informants did not expect to be "loved" by professional nurses in the same way that family loved them, but expected nurses to treat them with respect and dignity.

The fourth care pattern to support the universal theme of generic care, care means looking out for others, was a strong pattern reported throughout the study. Extensive verbatim descriptors were presented in chapter 4 to support this pattern. Informants described care as making sure another person was okay, being aware of their needs, helping an individual in whatever could be offered, and inquiring about their health. The

elders who attended the Senior Center always offered help to other seniors whenever it was needed. This help was given in various ways – offering words of encouragement; driving an elder to an appointment; making sure they ate properly. If an individual did not attend church or come to the senior center for several days, phone calls were made to make sure the elder was not ill. The health and well-being of the elder was the most important consideration expressed by the informants. Whatever help and support was needed to maintain health and wellness was offered on a regular basis.

Several previous studies of Puerto Ricans discovered that the family was the center of the Puerto Rican community, and included immediate members, extended members, and friends (Juarbe, 1998; Higgins, 2000; Ludwig-Beymer, Blankemeier, Casas-Byots, & Suarez-Balcazar, 1996). This transcultural study supported the findings of the previous studies. Family support and care was essential to the health and well-being of the elderly Puerto Ricans in this study. Family members provided direct care to the elders in times of illness or need, socialized with the elders on a regular basis, and provided emotional, spiritual and physical support to enable the elders to maintain health and a sense of well-being. Care and support was provided by immediate and extended family members and friends, and were similar to the findings of the previous studies.

In summary, elderly Puerto Ricans value care provided by family and friends in a way that is unique to their culture. The generic care theme is supported by the care patterns identified in chapter 4 and confirmed by the extensive verbatim descriptions presented in this and the previous chapter. Generic care encompasses a personal aspect of care which is inherent in the Puerto Rican culture, and is conveyed through support, dignity, respect, and presence.

Theme II – Professional Caring Expressions

A caring nurse provides aspects of professional care that support meaningful and beneficial lifeways for elderly Puerto Ricans. This theme emanated from the emic and etic views of experiences and expectations of nursing care. Professional nurses were held in high regard by members of the Puerto Rican culture because they have advanced education and knowledge. Elderly Puerto Ricans respect the nurse as someone to be trusted to provide kind, compassionate, and competent care when they are ill or in need of services. However, the elders viewed a nurse as caring when that nurse went "the extra mile", treated the elder with kindness and respect, and incorporated practices from the Puerto Rican culture to enhance the care of the individual.

The first professional care pattern related to this theme was that a caring nurse is supportive, friendly, compassionate, and empathetic. This pattern was supported with several descriptors presented in chapter 4. These comments by a general informant (#116) confirmed this pattern:

> When you go into someone and you treat them like you would your own family, you're going to come across 100% better…Spanish sometimes really need the hand, their kissing…they like to have that affection, even if it's "oh I'm so happy to see you"…they find it so amazing when someone is actually taking that extra mile to do something for them, even if it's to give them a straw or something, it's a big deal for them.

The informants described direct physical care provided by the nurse was essential to conveying a sense of care to the individual. Tasks such as bathing, making the bed, combing their hair, and helping them out of bed were valued as caring activities.

Displaying interest in the elder contributed to this pattern of a caring nurse. One informant described a caring nurse as "one who demonstrates verbally and physically affection, empathy, and interest in others." Holistic care was viewed as an essential attribute of a professional nurse. Key informants expressed that nurses must meet a person's physical and emotional needs in order to promote health and well being of the individual. A caring nurse was described as one who is competent in the delivery of care, but also shows compassion with the person. An informant (#100) said "she's the one that before she puts in the injection, she touches the patient and says not to worry, everything will be fine. She's the one when you have a headache she gives you the medicine but she also touches your head and always gives you a warm smile." Acknowledging the person by name, saying hello, and giving words of encouragement were seen as essential to convey caring by the nurse.

The second care pattern which supported this theme was that a caring nurse is respectful and loving. Nurses were viewed as a "mother figure, someone that takes care of you and is attentive to your needs." A universal pattern that emerged was that a caring nurse must look at a person in order to show that she cares about the individual. One key informant (#001) said "like you, you look at me, and I know you care what I have to say." Maintaining eye contact conveys respect for the elder Puerto Rican, and gives an indication that the nurse is interested in that person. This was supported by the statement that a caring nurse "is one who makes the patients feel like they count…you look at them and you really look at them." Establishing respect and trust was a universal pattern described by the key informants. Respect was shown when the nurse addressed the elder as Señor, Señora, and used the formal Ústed when referring to "you". Although the

informants felt that the ability of the nurse to speak the Spanish language would enhance care, they did not feel command of the language was essential for the nurse to be a caring nurse. Informants felt that an attempt by the nurse to speak a few Spanish words conveyed respect for them and their culture. This was supported by the statement that "the minute you say something in Spanish, they look at you with such joy and admiration. You're a nurse, a medical professional who actually is reaching out to them as a person."

The professional care pattern that a caring nurse displays presence was a universal pattern as supported with extensive descriptors in chapter 4. The elders described a caring nurse as one who takes time to talk to the person, to take care of their needs, to answer the call bell and respond in a timely manner. A universal descriptor that emerged from the data was that a caring nurse was not hasty in her approach to a patient, that she explained things to the person, and was just there for the elder. A nurse who is present was described as "selfless, someone who gives of himself and makes sure people around them are fine and taken care of, that their needs are met." This was further supported by the statement of this general informant (#108) that "a caring nurse needs to be one that has the time to listen and to really connect with the patient, and just be there for that person, just to be there physically and emotionally." Presence was also described as an effort by the nurse to understand the person's culture and to learn the norms of the culture. The nurse who is present utilizes all tools, resources, education and maximum abilities to help another person.

The professional care patterns identified above were consistent with Zoucha's (1998) findings of Mexican Americans receiving professional nursing care. Zoucha

found that Mexican Americans viewed nurses as caring if they spoke the Spanish language, were attentive to the needs of the person, and showed respect while caring for them. This study of elderly Puerto Ricans revealed similar findings with respect to a caring nurse, with the exception of the command of the Spanish language. The informants in this study felt that it was not necessary to be able to speak Spanish in order to be a caring nurse, but any attempt to say a few words in Spanish enhanced the care experience for the Puerto Rican elder. No other studies were found by the researcher that addressed the qualities of a caring nurse with regards to Puerto Rican elders.

In summary, Puerto Rican elders view a caring nurse as someone who is supportive, compassionate, empathetic, respectful, and present. The actions undertaken by the nurse must convey these attributes in order to meet the needs of the elder from a holistic perspective. This theme is supported by the patterns describing a caring nurse and by the extensive verbatim data presented in chapter 4.

Theme III – Professional Nurse as Noncaring

A noncaring nurse provides aspects of professional care elderly Puerto Ricans viewed as a lack of involvement. This theme was derived from the emic view of elderly Puerto Ricans based on their previous experiences with professional nurses as described through extensive verbatim descriptors in chapter 4.

The first pattern to support this theme was that a noncaring nurse approaches the care as just doing their job, business as usual. Informants described this nurse as one who was competent in the performance of skills, but did not approach the person on a personal level. The nurse did not look at the person when talking to them, rushed through her duties as quickly as possible, and did not attempt to speak Spanish. The noncaring nurse

was always in a hurry, and did not touch the elder except in the performance of a procedure. One informant (#115) described a noncaring nurse as "one who goes in to do her job, but shows no emotions, just does it." Another informant said a noncaring nurse was superficial, task oriented, just wants to get the job done.

Informants stated that the care given to them by a noncaring nurse was minimal and delivered with prejudice because they were not white. Informants viewed the noncaring attitude of a nurse as a lack of sensitivity for the Puerto Rican culture. The presence of family members in the room of a loved one was not tolerated by the nurse, even though family support is important in the Puerto Rican culture. Several informants reported experiences in which a noncaring nurse ordered family members to leave the room since it was against hospital policy to have too many visitors in the room. One informant (#120) described this situation of a noncaring nurse when a family member was in the hospital:

> …Very, very cold. I went to visit in the morning and they had to turn him over and basically said to me, well, we need to do this and that right now so you have to leave. He was dying, and they told me I had to leave. If I need to leave you can ask me in a way that didn't make me feel like I was intruding, because in my mind those were his last hours…Maybe she just doesn't like Puerto Ricans, like we tend to as a family…we were all in the room with him and maybe that was something that she just didn't like.

Several informants expressed that this lack of care by the nurse impacted directly on their health and well-being. When a nurse displayed a lack of care for the person as an individual, the elder did not always tell the nurse how he/she was feeling. One elder

told the researcher she was afraid to tell the nurse when she was having pain, since the nurse had "yelled" at her previously when she reported pain. So, she suffered in silence rather than endure the wrath of the nurse. The lack of caring by a nurse negatively impacted the health and treatment given to elder Puerto Ricans. Many elders were afraid to report using home remedies prior to seeking medical care, or were reluctant to invoke religion as part of the healing process. One general informant (#102) related this:

> Their religion is very important. If they're in a hospital setting and if that nurse is business as usual, then that person is going to treat them as a stranger…and not open up and tell them that I've been drinking this tea …the nurse is going to miss that piece and that person is not going to confide in you…if you appear as if you don't have time for Puerto Ricans, then they're not going to burden you with whatever it is…and then they're not going to make that extra effort for you.

These behaviors exhibited by a noncaring nurse have the potential to cause physical and emotional harm to the elder Puerto Rican. Inferences can be made that a nurse who demonstrates a lack of tolerance for the cultural behaviors and practices of non-Anglo people can potentially cause harm to that individual. This practice violates the nurse's code of ethics.

The second pattern which supports this theme is that a noncaring nurse neglects his/her patients. A noncaring nurse would ignore the elder's needs, or refuse to answer the call bell, or enter a patient's room in the hospital. This pattern was supported with extensive descriptors in chapter 4, and was substantiated by the following description (#116):

> If the nurse is an American nurse, she will do the minimal. I have seen her talk less with the patient. I have seen less care. Let the aide who speaks Spanish deal with her. I've had that own experience with my mom in the hospital. The aide complained to me that the nurses weren't answering call bells because the patient is Spanish…they figure they will wait for the Spanish aide to get there. That aspect I find insulting and embarrassing.

Informants reported instances of lack of care by a nurse who promised to return with pain medication or to come back to talk, but did not follow through with this promise. These behaviors were expressed as an uncaring nurse.

Zoucha (1997) discovered similar descriptions of a noncaring nurse as perceived by Mexican Americans. A nurse was described as noncaring if she rushed through procedures, did not acknowledge the elder on a personal level, and neglected the elder by not meeting his or her needs. These findings were similar to Zoucha's findings and emphasized the personal aspects which constituted the perception of a noncaring nurse.

To summarize, a noncaring nurse is one who performs her skills correctly with little regard for the patient as a person. The noncaring nurse is not culturally competent, makes little or no attempt to understand a person's culture, and jeopardizes the health and well-being of the individual. Elderly Puerto Ricans perceive this uncaring attitude as prejudicial towards them based on their culture. Physical and emotional needs are unmet due to the lack of caring of the professional nurse.

Theme IV – Puerto Rican Health

Puerto Rican elderly viewed health as being able to physically engage in activities and maintain lifeways which provide a sense of well-being. Physical, emotional and spiritual needs must be met in order to experience health.

This theme is supported by the pattern that health is being physically able to do things, and feeling satisfied emotionally and spiritually. The imbalance in any one of these areas created a lack of health throughout the body. Physical health was described as being able to function in activities of daily living – bathing, dressing, feeding, and caring for one's needs. Emotional health was described as how a person feels about themself, being satisfied with his/her life, feeling happy and safe in the environment. Spiritual health included the importance of religion in one's life, and the values upon which the elder based his/her lifeways. Many of the elders were very religious and active in their church, but spirituality was important in the lives of those elders who were not active in their church. A strong value system was evident among the key informants, and they lived their lives based on these beliefs.

The elders involved in this study appeared to be relatively healthy, and considered themselves to be in good health. They said that being able to attend the activities at the Hispanic Senior Center was an important part of their life and satisfied their physical, emotional and spiritual needs. Fellowship at the center was important to each of them and was manifested in many ways. The men preferred to engage in competitive games such as dominoes, while the women socialized extensively and made crafts. Most of the elders had some health problems, such as hypertension, cardiac disease, and diabetes. However, as long as they felt good and were able to come to the center, the elders felt

that their physical health was very good. Engaging in the various activities at the center met the emotional needs of the elders, and was evident in the camaraderie seen among each participant. This description of health was supported by McFarland's study (1995) which examined culture care of Anglo- and African American elderly in a long term care setting. Informants in McFarland's study viewed health as being mobile and having a clear mind (p. 216). The ability to engage in daily activities and being able to make decisions is important to an older adult, and studies have confirmed this pattern in the literature.

Spiritual needs were expressed in different forms. Religious pictures of Jesus Christ and Mary, the Blessed Mother, were hanging throughout the center. Some of the elders wore religious medals around their necks. Most of them said prayers privately before eating lunch. Kindness and compassion were expressed towards each other at all times.

The second pattern which supported this theme was that a person maintains or improves health through generic and professional care practices. These practices were described in detail in chapter 4 and were supported by verbatim descriptors. The elderly Puerto Ricans interviewed in this study used more professional remedies than generic practices. Those elders who had physical problems such as high blood pressure and diabetes took medication to regulate the condition. Diet was an important consideration for many of these elders. Several of them expressed concern about the high fat content and salt used in the Puerto Rican foods served at the center. For some of them this meal was the primary meal of the day. Professional care was practiced through regular Doctor

visits, either in private practice or at the clinic. The elders routinely went to the outpatient laboratory for blood work, and three of them had pacemakers.

Although all of the elders reported the use of medicine to control the effects of health problems, diverse aspects of generic care practices emerged in this study. Some of the elders described the use of home remedies, including teas for various conditions, Vick's vaporub for colds and chest congestion, and plants such as aloe for burns, skin problems, and insect bites. Most of the informants did not practice other generic remedies which were native to Puerto Rico. This was attributed to the lack of availability of these products in Bethlehem. However, even more significant to this reason was the acculturation and assimilation of the informants into the methods used by the Anglo culture. The majority of the key informants lived in the United States for over twenty years and adopted the ways of the majority culture. While some of the general informants related stories of their parents using some of the generic remedies during childhood, none of them continued to use these remedies as they started their own families, except for the Vicks. The products and plants are available in the local store in south Bethlehem, yet the informants chose not to practice the customs from Puerto Rico.

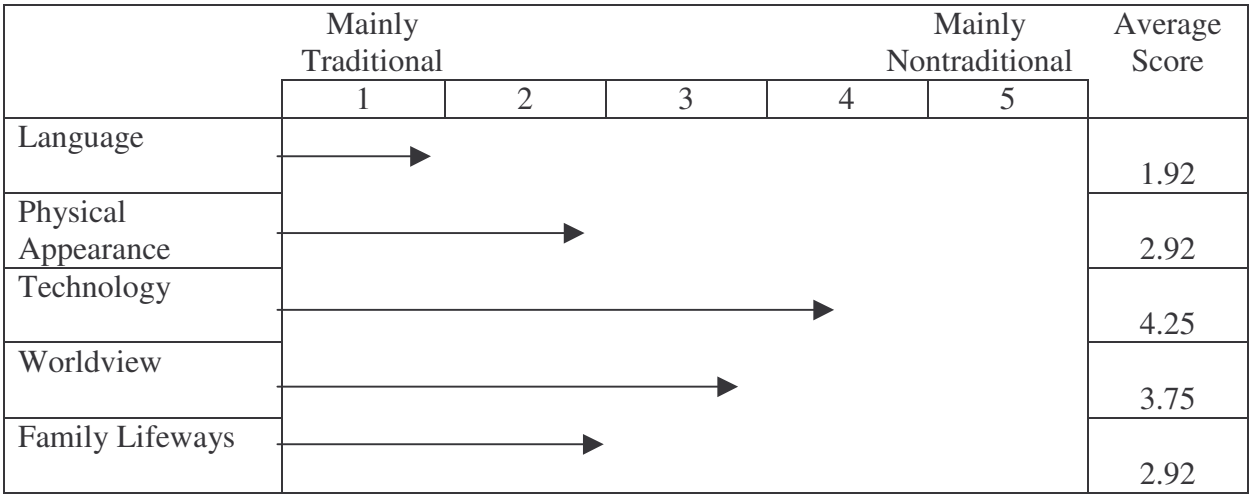
The findings in this study related to use of generic and professional care practices were similar to the findings in a previous transcultural nursing study of Puerto Ricans in Buffalo (Higgins, 1995). In both studies the use of generic folk practices was limited to teas, Vicks Vaporub, and use of plants for certain skin conditions. The findings of this study were similar to the findings of a study conducted by Higgins and Learn (1999) which looked at the perception of health in younger Puerto Rican women, aged 20-40 years old. Informants perceived health within their control, and described health as being

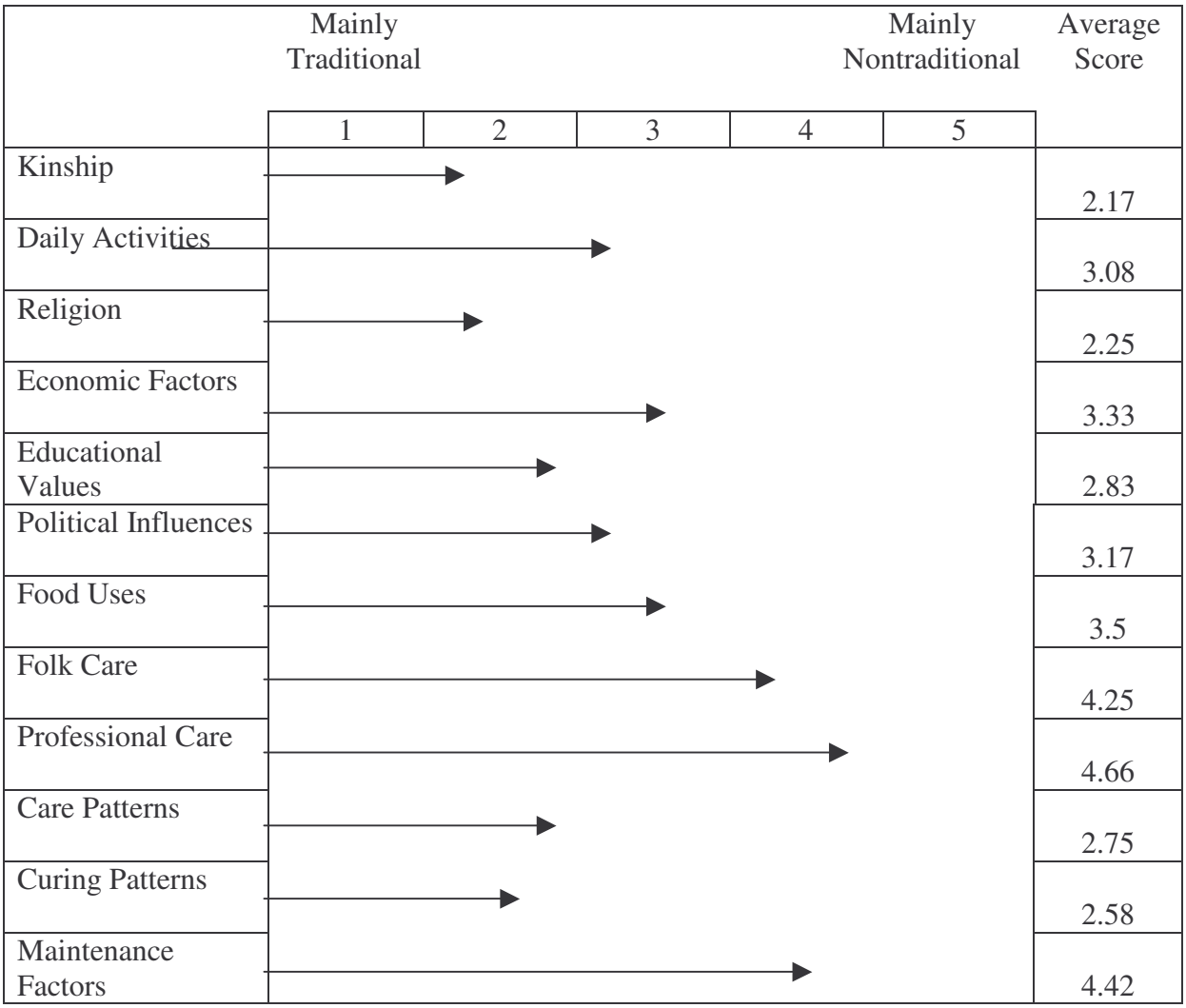
able to do things, feeling good and interacting with other people. The findings from this study did not support those described by Schiavento (1997). Schiavento reported that Hispanic elderly have a deep belief that health was under the control of a divine being. However, this researcher discovered that the elderly Puerto Ricans expressed that their lifestyle and behaviors contributed to their health and well-being and made changes in their life accordingly. All of the elderly Puerto Ricans in this study routinely saw their physician, used medicine as prescribed by the doctor to control their health problems, and utilized the technology at the hospital and clinic, such as routine blood tests.

While doing this study the researcher observed the behaviors of the elders and studied the observation and interview data to assess the extent of acculturation of the informants. Leininger's (1991b) Acculturation Health Care Assessment Enabler for Cultural Patterns in Traditional and Nontraditional Lifeways (Appendix F) was used for this study. This enabler was used as a guide to determine directionality of acculturation for the Puerto Rican elders in this study.

Figure 1

Leininger's Acculturation Rating of Traditional and Nontraditional Lifeways (n=13)





The average scores for key informants were calculated to determine the degree of acculturation for each category. Language, kinship, religion, care and curing patterns were ranked as mainly traditional. Daily activities, physical appearance, economic factors, food uses and political influences were ranked in the median range. Technology, folk care, professional care, and maintenance factors were mainly nontraditional. This rating was consistent with the findings as documented in chapter 4 of this study. The elders in this study lived in the community for many years, and adopted the professional patterns of health care of the predominant Anglo culture. The convenience of a tertiary care center located within the community contributed to the acculturation of these

informants in seeking professional care to maintain or restore health and wellness. The services available to the informants through benefits provided by the Bethlehem Steel, a major employer in the community, enabled the elders in this study to obtain professional care at little or no cost to them. Professional care practices were used most often to treat physical and emotional problems, although some use of generic remedies was described. The impact of acculturation of the Anglo ways was evident in the care practices to maintain health and well-being of elderly Puerto Ricans in this study.

B. DISCUSSION FOR CULTURALLY CONGRUENT NURSING CARE

Congruent with Leininger's Culture Care Theory (1991a) this study uncovered culture care practices and beliefs of community-dwelling elderly Puerto Ricans. Leininger postulated that the discovery of universalities and diversities of human care in a specific culture would enable nurses to plan and provide culturally congruent care for members of that culture. The discovery of culture care practices of elderly Puerto Ricans would enable nurses to make decisions and initiate actions that were culturally congruent with the beliefs, values and lifeways of these people. These decisions and actions focus on the three modes of care inherent in the theory: (1) cultural care preservation or maintenance; (2) cultural care accommodation or negotiation; and (3) cultural care repatterning or restructuring (Leininger, 1991a).

Cultural Care Preservation or Maintenance

The strongest value of the Puerto Rican elderly was the kinship factor of family, which included immediate family, extended family, and members of the Hispanic Senior Center. As many elders indicated, family includes people who are not blood relatives. They viewed other elders at the Center as members of their family, as well as members of

the Church community. The researcher was considered a member of the Senior Center family, and was treated with respect and love by those at the center. This sense of kinship was very strong and was evident in the daily activities of the elder Puerto Ricans. Their daily routine included coming to the Senior Center, participating in the activities at the center, and sharing a meal with other seniors. If a senior did not come to the center for a few days, the director of the center would call or visit the home to check on the welfare of the individual. When a member of the Hispanic community was ill or hospitalized, daily reports were provided on the progress of the person in regaining their health. The informants reported that they were very close to their children and members of their immediate family. Most of them spoke with their children on a daily basis, and regular visits with the members of the family were part of the routine.

Spanish was the predominant language spoken at the center, although many of the elders were fluent in the English language. Programs at the center were presented in Spanish or were translated into Spanish. The local Catholic church offered two masses in Spanish on weekends, and these masses were well attended by members of the Hispanic community. English classes were offered on a regular basis for those elders who desired to learn the English language or improve their communication skills within the community.

The Hispanic Senior Center provided a safe place for members of the Hispanic community to gather without fear of prejudice. Several programs were offered at the center by the local Health Bureau and St. Luke's Hospital to maintain or enhance the health and well-being of members of this community. Nurses provided several programs to the elders, and the presentations were done in Spanish or with a translator. Handouts

were always provided in Spanish. This was important for the elderly, since they felt most comfortable reading the material in their native language. The elders who were able to fluently speak and read English also preferred the Spanish version. Nurses need to be aware of this preference and provide materials to elderly Puerto Ricans in the Spanish language in order to maintain or promote healthy activities.

The importance of family involvement in the care of an elder Puerto Rican who is hospitalized was a strong finding in this study. Key informants talked about the role of the family in providing direct physical care to them, and emphasized how important family presence is in the care of hospitalized elders. This finding was important in uncovering nursing actions that would allow this cultural practice to occur for the Puerto Rican elder in the hospital environment. The nurse must recognize the importance of the family presence to the person, and develop a plan that allows for the family to be involved in the care of their loved one in order to preserve this cultural value. Boundaries may need to be established to allow for nursing actions to be carried out, but this should be done in collaboration with family members. The nurse must treat the family with respect and friendliness, and include them in decision making within the parameters of confidentiality. Acknowledging their presence, saying hello, and offering support are ways in which the nurse can demonstrate respect for the family and preserve the cultural expectation of family involvement in the care of sick elders.

Nurses were described by the elders as caring when they were friendly and showed interest in the elder while caring for them. Elders described caring behaviors of nurses, such as looking at them when talking to the person, touching them, holding hands, and saying a few words in Spanish, and described these behaviors as respectful. Nurses

should continue to preserve these generic care practices when interacting with an elderly Puerto Rican in order to show respect for the Puerto Rican culture and promote caring behaviors. The elders related that these nursing behaviors enhanced the care that they received from nurses who incorporated these behaviors into their care of the individual, which promoted a sense of well-being in the elder.

The death of a key informant provided insight into the preservation of the practices of the Puerto Rican people when a member of the community dies. Community members, people from the Church, and members from the Hispanic Senior Center gathered around the family at the viewing. Prayers were offered by the Priest, and the Rosary was prayed by all who were present. This affirmation of the importance of faith and religion was present in these rituals. The presence of the researcher at the viewing was received positively by members of the Hispanic community, and reaffirmed the inclusion of the researcher as a member of the extended family. Nurses must be aware of the importance of this ritual, and offer support to the family in times of crisis.

Cultural Care Accommodation or Negotiation

A major finding in this study was that family support and presence are very important when an elderly Puerto Rican is hospitalized. Informants expressed that it is the family's responsibility to provide care to their loved one, and to be there to meet their physical needs as much as possible. The entire family was expected to gather around their loved one as much as possible. The caring nurse must understand the importance of the family at the bedside, and must find ways to accommodate the family so they can spend time at the bedside with their loved one. This can impose problems for the delivery of professional care, as large numbers of people at the bedside can interfere with

timely delivery of care. The nurse must establish boundaries with the family while simultaneously acknowledging the cultural importance of their presence. Nursing practices can include explaining to the family what the nurse is doing, asking them to step out of the room in order to provide the nursing care at the appropriate time, and negotiating time frames for each member to be at the bedside with their loved one. Nurses accommodate the family by finding an area close to the family member's room where relatives could gather. The nurse must always treat all members of the family with respect in order to deliver culturally congruent nursing care.

Speaking the Spanish language, or even a few words, was described as a caring behavior nurses could practice to provide culturally congruent care. Proficiency of the language was not deemed necessary for the general care of the Puerto Rican elder. However, informants felt that nurses who work with members of this culture on a regular basis should learn the Spanish language in order to care appropriately for the elder. Conversely, several elders felt that members of the Puerto Rican community must learn the English language, since they are members of a community where the primary language is English. Nurses can incorporate teaching of English words into their care of elderly Puerto Ricans in order to accommodate this need for command of the language. Visual aids should be provided with both Spanish and English words written below the pictures to enhance the teaching/learning process for both the elders and the nurse. Interpreters should be utilized on a regular basis when nurses are explaining professional concepts to the elder who does not speak or understand English. These accommodations are easy to implement into a nursing plan of care and enhance the delivery of culturally congruent nursing care.

Cultural Care Repatterning or Restructuring

The elders who attended the Hispanic Senior Center received breakfast and lunch as part of the programs offered at the center. The lunches served at the center were of Spanish origin, and consisted of foods that were fried, contained fat, and seasoned with salt. These foods were served since they are congruent with the foods of the Hispanic culture. However, several informants did not eat the food served for lunch because of the high fat content which they felt was unhealthy. The director of the Center acknowledged that many of the foods served at the center did not promote healthy lifestyles for the elders, but were served because of their importance to preserve cultural lifeways of the members. Programs which deal with healthy nutrition need to be presented at the Senior Center. Modifications to the methods used to cook the food could be made to reduce fat and salt content, especially since many of the elders reported they had high blood pressure and diabetes. Regular health screening programs could be planned at the Center to evaluate the health status of members of this community. Nurses could perform blood pressure screening, provide presentations on healthy food choices, and develop programs on risks and interventions for cardiac disease and brain attacks. While some of these measures were conducted on occasion at the center, the Community Health Nurses, through programs at St. Luke's Hospital and the Bethlehem Health Bureau, must develop ongoing programs to promote healthy behaviors of Puerto Rican elders, especially in the area of nutrition.

Elderly Puerto Ricans viewed care as uncaring by professional nurses when the nurse did not show respect to them or their family members. They identified behaviors which they felt displayed a lack of respect for them, such as not looking at them when

talking to them, not saying hello when entering the room, speaking only in English without using a few Spanish words, and not touching them to show care. Nurses were perceived as noncaring if they rushed through procedures, did not answer call bells, or ignored the person's needs. This is a complex and difficult issue to resolve with nurses. Cultural care restructuring or repatterning requires that an individual make major changes that are massive and comprehensive. The noncaring nursing behaviors identified by elderly Puerto Ricans were actions that occur on a behavioral and subjective level, and necessitate major changes in attitude towards an individual of another culture. Nurses must receive education in transcultural issues and how to incorporate transcultural knowledge into daily nursing care when caring for individuals of the nondominant culture. This change in attitude and behavior is not restricted to nurses on a personal level, but necessitates changes on a broader scale within the institution and society. Prejudices need to be overcome in order for nurses to accept the differences that exist among members of various cultures in order to provide culture specific care. Nursing leaders who have expert knowledge in transcultural nursing must adopt an agenda that encourages and supports the changes needed to improve nursing care at all levels of the system.

C. IMPLICATIONS FOR NURSING THEORY

The domain of inquiry for this study was the discovery of the meanings and practices of generic and professional care of elderly Puerto Ricans living within a community in Pennsylvania. The goal of this study was to identify those care practices that promote health and well-being of elderly Puerto Ricans. The findings from this study add to the body of nursing knowledge in the care of elderly Puerto Ricans. The

discovery of the importance of the family in caring for elderly Puerto Ricans in relationship to the professional care practices was uncovered in this study. The impact of these practices expanded the knowledge of the importance of generic and professional care in the promotion of health and well-being of elderly Puerto Ricans.

The significant findings which were abstracted from the data resulted in the development of four major themes based on values of care in the Puerto Rican culture. Respect, friendliness, and presence were essential attributes to generic and professional care values as reported by elders.

This study has contributed to the body of Transcultural nursing knowledge. Leininger's Culture Care Theory served as the theoretical framework to uncover the specific culture care practices of elderly Puerto Ricans. The findings from this study provide additional knowledge regarding the generic and professional care practices that promote health and well being of elderly Puerto Ricans.

D. IMPLICATIONS FOR NURSING EDUCATION AND PRACTICE

The findings of this study have major implications for nursing education and practice. The findings from this study provide nurses and students with additional knowledge in the culture care practices that are valued by elderly Puerto Ricans. Nurses and nursing students can incorporate the values identified in this study into their delivery of care to an elder of Puerto Rican heritage. The identification of the core values of respect, friendliness, and presence enable the nurse and student to approach the care of older Puerto Ricans in a more personal manner, using a holistic approach. This will enhance the goal of the Culture Care Theory, the provision of culturally congruent care.

The two major implications for the delivery of culturally congruent care for elder Puerto Ricans by professional nursing are found within the patterns related to the nurse being friendly, and the importance of family. Informants described a nurse as caring when she was friendly, smiled, held their hand, touched their shoulder, and looked them in the eye when talking to them. Nurses must incorporate these values into their approach when caring for an elder Puerto Rican. The importance of family presence at the bedside of an ill elder was an important phenomenon discovered through analysis of the extensive verbatim descriptors. Nurses caring for elderly Puerto Ricans must accommodate the person's need to have the family at the bedside. Accommodation and negotiation with the client and the family are needed to ensure that the culture care value of family presence is met without compromising the ability of the nurse to deliver care to the elder Puerto Rican.

The knowledge gained from this study can be incorporated into nursing curricula when addressing culture specific practices with regards to theory. The publication of the themes abstracted from these findings will enhance the knowledge of professional nurses and students regarding the health and well-being of elderly Puerto Ricans.

This study has the potential to significantly change the approach used by nurses when caring for elderly Puerto Ricans. Nurses must become well versed in the culture of an individual in order to provide care which is congruent with their beliefs and practices. Health care institutions can use the information discovered in this study to develop educational programs which focus on the care concepts defined in this study. Health care providers, including nurses, physicians, and members of other disciplines, must be educated in the core values of Puerto Rican elders, and then develop plans of care which

consider and incorporate the generic and professional care practices. This study provides information which is useful in the development and implementation of these programs. Education must include the concepts identified in the three modes of action conceptualized within Leininger's culture care theory. The researcher acknowledges that this could be an overwhelming endeavor to institute a broad educational program as described above. However, it is imperative that the nurse practicing in the community identified in this study be fully informed about the culture care practices of elderly Puerto Ricans in order to promote health and well-being among this cohort, since this is a large culture group in this community. Nurses are morally and professionally obligated to provide culturally competent care to all of their patients, and the discovery of information in this study provides the beginning basis to accomplish that goal.

E. RECOMMENDATIONS FOR FUTURE RESEARCH

This study examined the cultural beliefs and practices and their relationship to health and well-being of elderly Puerto Ricans living in the community. The findings revealed core values of expected behaviors towards Puerto Rican elderly. It was discovered that these values serve as the basis upon which generic and professional care is delivered and received by the elderly. An important outcome of the delivery of care that incorporates these values is the maintenance or promotion of health and well-being in elderly Puerto Ricans. This research has provided the basis for future transcultural studies of elderly Puerto Ricans residing in other communities, as well as for studies of different cultural groups of community dwelling elderly. A significant finding from this study was that the informants in this study did not extensively use folk based practices to maintain or improve health. Some informants reported the use of teas and plants sporadically as a

first line of treatment for various conditions; however, this was not a common practice amongst this group of elders. Cultural based practices that have been identified in the literature were not used by these informants, and were not passed on to future generations of Puerto Ricans. A more professional approach to treatment of health problems was inherent in the findings of this study. Additional research is needed to examine if this is true of a larger cohort of Puerto Rican elders living in this and other communities.

Another area of research which must be considered is the impact of the loss of the health care benefits for informants in this study who received health insurance from Bethlehem Steel, since Bethlehem Steel no longer provides health and prescription drug coverage. A follow-up qualitative study must be done with the informants in this study to determine the impact of the loss of these benefits on the elders' health and well-being, since the majority of informants in this study were insured through this program at the time of this study. The impact of this loss must be assessed among this cohort, and then a quantitative study must be designed to determine the impact on Puerto Rican elderly within the larger community of Bethlehem. The study will need to examine what services, if any, the local health care community and city of Bethlehem have instituted as a result of the loss. The Puerto Rican culture is uniquely different from other Hispanic cultures. Research on other Puerto Rican communities is needed to determine transferability of the findings of this study.

Research must be done to examine the specific needs of the older adult in order to determine the needs and problems of the elderly. Similarities as well as diversities need to be uncovered among the elderly of predominant cultural groups residing in the community of Bethlehem. Questions to address would include the culture care practices

and beliefs of an older adult, and then determine what knowledge must be imparted to nurses in order to provide meaningful and culturally congruent care to the elder. A study of the implications of cultural foods and eating patterns of older adults on health is also needed to determine its impact on disease processes common among Puerto Rican elders.

Ethnonursing studies with other cultural groups living in this community are essential to determine the generic and professional care practices of members of those groups to advance transcultural knowledge and the discipline of nursing. The impact of the findings will need to be addressed in future research to determine the best approach to incorporating cultural values and beliefs into nursing curricula and practice. Additional factors which may contribute to changing cultural practices need to be explored. The impact of acculturation and assimilation of a culture into the dominant culture must be assessed. One area to consider would be the length of time a person from the culture has lived in the community and the relationship in the use of culture specific remedies. Another factor which must be studied is the impact of the family structure and the responsibilities associated with the changing structure in today's environment. Studies are needed to determine how that structure influences current care practices to maintain or restore health, or to care for older members of the culture. Studies to determine how the nursing profession has incorporated culture specific care into practice are essential to discover the methods nurses have used to provide culturally congruent care.

F. CONCLUSIONS

This culture care study was conceptualized within Leininger's Culture Care Theory (1991a) examined the culture care practices of community dwelling Puerto Rican elderly. This was a unique study in that few, if any, previous studies examined the complexities

of this group of people. Considerations related to both age and culture provided the basis for this study. Unique conditions exist due to cultural variations among individuals based on their ethnic background, and the elderly present unique considerations by virtue of their life experiences. The Sunrise Model provided a conceptual guide for the researcher to consider worldview, social structure dimensions, and generic and folk practices. Four common themes were derived from the analysis of the data and were supported by patterns abstracted from the extensive descriptors presented in chapter 4.

Five assumptive premises abstracted from Leininger's thirteen assumptive premises (Leininger, 1991a) guided the researcher to discover the culture care phenomena of elderly Puerto Ricans living in the community in this study. The themes abstracted from the patterns provided credibility to these assumptions. The culture care beliefs and practices of elderly Puerto Ricans influenced the health and well-being of these people. Elderly Puerto Ricans valued generic care practices, such as the use of teas when ill, family presence to care for a loved one, and respect, to maintain health or to return to a state of health and well-being when recovering from an illness. The informants also valued professional care practices to remain healthy or to restore health as described in detail in chapters 4 and 5. Culture care concepts derived from the data showed universalities and diversities compared to other Hispanic studies cited in the literature review. The results in this study supported the assumption that culture care differences and similarities exist between generic caregivers and professional care givers. The importance of presence from both generic and professional caregivers emerged as a central pattern extrapolated from the data. Generic caregivers provide a more personal level of care and presence, but professional caregivers were perceived as caring when

they were friendly, compassionate, and present. The assumption that nursing care that is not provided in a caring manner results in stress and cultural conflict for elderly Puerto Ricans was supported in the findings. Leininger's assumptive premises and the researcher's assumptions were discovered and confirmed through the extensive descriptors provided from the emic perspective of elder Puerto Ricans.

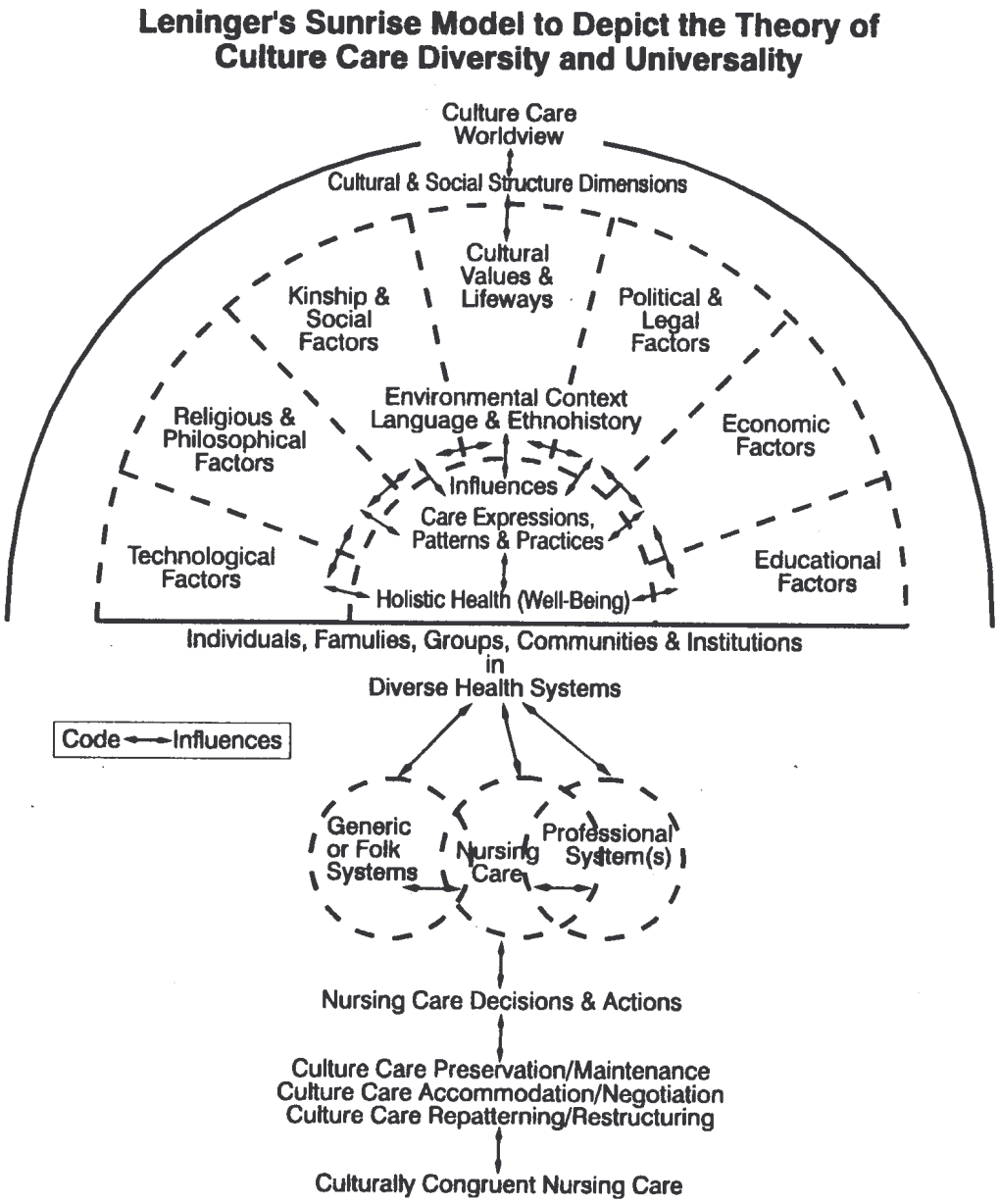
Cultural values were important in the practices and lifeways of elderly Puerto Ricans. Respect for the elderly was the dominant value extracted from the data. Elderly must be treated with respect. Respect is shown through use of the language, as seen in the proper way to address an elderly person. Use of familiar terms, such as du (you), is never assumed when addressing elderly Puerto Ricans. Proper forms of nouns and pronouns must be used when addressing the older Puerto Rican until permission is given to do otherwise. The opinion of elders was sought by family members when making decisions that affect the family. The kinship and social factors of family strength and support reinforced the cultural values and lifeways. Family was at the center of the Puerto Rican structure, and serves as the basis for the generic care theme abstracted from the data. Dignity, respect, and family were the major concepts in the generic care theme, and are the building blocks of cultural lifeways in the Puerto Rican culture.

The professional care theme was derived from the caring patterns of professional nurses that were abstracted from the extensive data presented in chapter 4. This theme gave meaning to the phenomena of professional nursing care given to elderly Puerto Ricans. The patterns that supported this theme were embedded in the values of respect, presence, and friendliness important in the Puerto Rican culture. This universal theme was supported throughout the data provided by key and general informants. A caring

nurse provided care to the elder in a manner that promoted satisfaction in the person, thereby enhancing health and well-being. The theme of noncaring of professional nurses was universally supported as one that hindered effective nursing care and promoted unhealthy responses to that care. A nurse that "just did her job" or rushed through procedures displayed a lack of presence, something which is counter productive to the values of the Puerto Rican culture. Presence is a pattern that is widely expected as part of the norms of Puerto Ricans, and enhances the lifeways of this cultural group. The nurse that was present was called a caring nurse; one that did not become involved with the elders was described as noncaring. This was a universal phenomenon expressed by key and general informants. The holistic approach to health was inherent in the Puerto Rican culture. Health included physical, emotional, and spiritual well-being as abstracted in the fourth theme. Puerto Rican elders felt all of these areas must be in balance in order to feel healthy. Lack of health in one area was perceived as lack of health overall. Nurses must know and understand the cultural importance of these values of elderly Puerto Ricans in order to incorporate them into a plan of care that is culturally congruent and promotes healthy outcomes.

APPENDICES

APPENDIX A



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APPENDIX B

Culture Care of Puerto Rican Elders
Open Inquiry Guide/Key Informants

ETHNODEMOGRAPHICS – Part I

Name:	Religious affiliation:
Informant #:	Years of education:
Sex:	Occupation:
Age:	Languages spoken:
Place of birth:	Dates of contact:
Years living in Bethlehem:	Other:

OPEN-ENDED QUESTIONS

CARE

1. Tell me what the word "care" means to you.
2. How would you describe a caring person? How would you describe a caring nurse? How would you describe a noncaring nurse?
3. Tell me about care you may have received from a family member or friend when you were ill.
4. Describe the experience of care you have received by a RN at the clinic, hospital, or Doctor's office.
5. Do you think the care you received from a family member or friend is the same or different from the care you receive from a Registered Nurse? What is different? What is the same?
6. I am interested in learning from you about the care you have received from a Registered Nurse. Tell me what it was like for you.

APPENDIX B

Culture Care of Puerto Rican Elders
Open Inquiry Guide/Key Informants

ETHNODEMOGRAPHICS – Part II

Name:	Informant #:

HEALTH AND WELL BEING

1. I am interested in learning about your health. Tell me about your health.
2. What does the word health mean to you?
3. Describe activities you do to maintain good health.
4. Describe any culture based practices you do to improve or maintain your health. Are there certain foods, medicine, or home remedies that you believe keep you healthy or improve your health?
5. Tell me what the term "well being" means to you. Tell me some words that describe well being.
6. In what ways does care affect your health and well being?
7. In what ways has nursing care affected your health?

ENVIRONMENT

1. Tell me where you were born. When did you come to Bethlehem? Where do you live?
2. Tell me about your decision to come here to live.
3. How is your life different since you came to Bethlehem? How is it the same?
4. Do you feel safe living in this area?
5. How often do you travel out of this area? Where do you visit?

APPENDIX B

Culture Care of Puerto Rican Elders

Open Inquiry Guide/Key Informants

ETHNODEMOGRAPHICS – Part III

Name:	Informant #:

KINSHIP/SOCIAL FACTORS

1. Do you have family living in this area?
2. How often do you visit with your family and friends?
3. When you think of "family," who is included?
4. Who makes the decisions in your family?
5. Tell me how you spend a typical day.
6. Who helps you when you are sick or need care?

CULTURAL FACTORS

1. Tell me about your customs or cultural lifeways.
2. What traditional activities in your family were important as healthy or good in your life?
3. How do you celebrate holidays? What religious holidays do you observe?
4. Do you experience any conflict or stress living in Bethlehem as a result of being Puerto Rican?
5. Describe for me how people of your culture feel about their elders? How should an older Puerto Rican person be treated by family, children, and members of the community? Tell me some words that describe how to care for older Puerto Ricans.
6. Do you find any areas of conflict or concern between yourself and nurses whose values and beliefs about care differ from yours?
7. Have you found nurses and other health care providers to be considerate of your cultural values, beliefs, or folk practices? Give me some examples.
8. Is there anything nurses should do to help you stay healthy or to help you get better when you are not healthy?
9. Is there anything else you would like to tell me about yourself, your beliefs, your health and well being? About the care you receive from Registered Nurses?

APPENDIX C

Culture Care of Puerto Rican Elders

Open Inquiry Guide/General Informants

ETHNODEMOGRAPHICS – Part I	
Name:	Religious affiliation:
Informant #:	Years of education:
Sex:	Occupation:
Age:	Languages spoken:
Place of birth:	Dates of contact:
Years in current city:	Relationship to elder:

OPEN-ENDED QUESTIONS

CARE

1. Tell me what the word "care" means to you.
2. How would you describe a caring person? How would you describe a caring nurse? How would you describe a noncaring nurse?
3. What do you think care means to Puerto Rican elders?
4. Have you ever cared for a Puerto Rican elder when they were ill? Tell me what that was like. What did you do for them when you cared for them?
5. Do you think the care a Puerto Rican elder receives from a family member or friend is the same or different from the care received from a Registered Nurse? What is different? What is the same?
6. Do you think the care that is given to Puerto Rican elders is the same or different than for other clients who are not Puerto Rican elders?

APPENDIX C

Culture Care of Puerto Rican Elders

Open Inquiry Guide/General Informants

ETHNODEMOGRAPHICS – Part II

Name:	Informant #:

HEALTH AND WELL BEING

1. What does the word health mean to you?
2. Describe activities you do to maintain good health.
3. Describe any culture based practices Puerto Rican elders do to improve or maintain their health. Are there certain foods, medicine, or home remedies that they use to keep themselves healthy or improve their health?
4. Tell me what the term "well being" means to you. Tell me some words that describe well being.
5. In what ways does care affect your health and well being?
6. Do you think nursing care affects the health or well being of elderly Puerto Ricans?

ENVIRONMENT

1. Tell me where you were born. Where do you live?
2. How often do you have contact with a Puerto Rican elder? In what way?
3. What living conditions in the city of Bethlehem do you feel enhance the health and well being of Puerto Rican elders? What hinders health and well being of elderly Puerto Ricans?

APPENDIX C

Culture Care of Puerto Rican Elders

Open Inquiry Guide/General Informants

ETHNODEMOGRAPHICS – Part III

Name:	Informant #:

KINSHIP/SOCIAL FACTORS

1. When you think of "family," who is included?
2. Do you know who is "family" in the Puerto Rican culture?
3. Who helps the elderly Puerto Rican when they are sick or need care?

CULTURAL FACTORS

1. Tell me about your customs or cultural lifeways.
2. What traditional activities in your family were important as healthy or good in your life?
3. Do you think an elderly person experiences any conflict or stress living in Bethlehem as a result of being Puerto Rican?
4. Describe for me how people of the Puerto Rican culture feel about their elders. How should an older Puerto Rican person be treated by family, children, and members of the community? Tell me some words that describe how to care for older Puerto Ricans.
5. Do you find any areas of conflict or concern between yourself and nurses whose values and beliefs about care differ from yours?
6. Do you feel that nurses and other health care providers are considerate of the Puerto Rican cultural values, beliefs, or folk practices? Give me some examples.
7. Is there anything else you would like to tell me about yourself, your beliefs, your health and well being? About the care you receive from Registered Nurses?

APPENDIX D

Leininger's Stranger to Trusted Friend Enabler Guide*

The purpose of this enabler is to facilitate the researcher (or it can be used by a clinician) to move from mainly a distrusted stranger to a trusted friend in order to obtain authentic, credible, and dependable data (or establish favorable relationships as a clinician). The user assesses him or herself by reflecting on the indicators as he/she moves from stranger to friend.

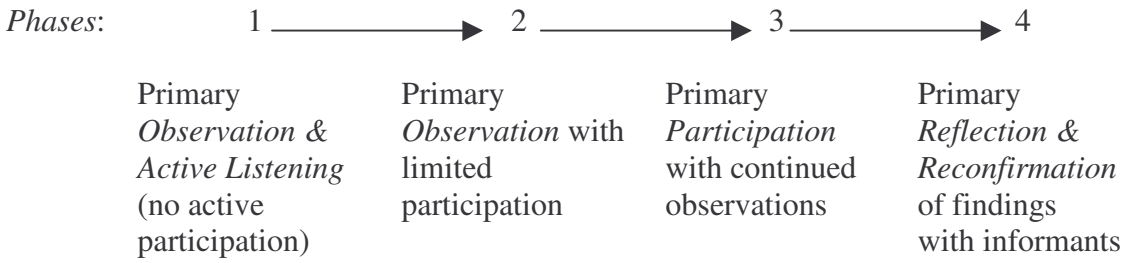
Indicators of Stranger **(Largely etic or outsider's views)** ***Informant(s) or people are:***	**Date Noted**	**Indicators as a trusted Friend** **(Largely emic or insider's views)** ***Informant(s) or people are:***	**Date Noted**
1. Active to protect self and others. They are "gate keepers" and guard against outside intrusions. Suspicious and questioning.		1. Less active to protect self. More trusting of researchers (their "gate keeping is down or less"). Less suspicious and less questioning of researcher.	
2. Actively watch and are attentive to what researcher does and says. Limited signs of trusting the researcher or stranger.		2. Less watching the researcher's motives, work and behavior. Signs of working with and helping the researcher as a friend.	
3. Skeptical about the researcher's motives and work. May question how findings will be used by the researcher or stranger.		3. Less questioning of the researcher's motives, work and behavior. Signs of working with and helping the researcher as a friend.	
4. Reluctant to share cultural secrets and views as private knowledge. Protective of local lifeways, values and beliefs. Dislikes probing by the researcher or stranger.		4. Willing to share cultural secrets and private world information and experiences. Offers most local views, values and interpretations spontaneously or without probes.	
5. Uncomfortable to become a friend or to confide in stranger. May come late, be absent and withdraw at times from researcher.		5. Signs of being comfortable and enjoying friends and a sharing relationship. Gives presence, on time, and gives evidence of being a "genuine friend".	
6. Tends to offer inaccurate data. Modifies "truths" to protect self, family, community, and cultural lifeways. *Emic* values, beliefs, and practices are not shared spontaneously.		6. Wants research "truths" to be accurate regarding beliefs, people, values and lifeways. Explains and interprets *emic* ideas so researcher has accurate data.	

*Developed and used since 1959: Leininger

APPENDIX E

Leininger's Ethnonursing

Observation-Participation-Reflection Phases



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APPENDIX F

Leininger's Acculturation and Health Care Assessment for Cultural Patterns In Traditional and Nontraditional Lifeways

Name of Assessor: _____ Date:_____

Informants or Code #: _____ Sex: _____ Age: _____

Place or Context of Assessment: _____

DIRECTIONS

This enabler provides a general qualitative profile or assessment of traditional or nontraditional orientation of informants of their patterned lifeways. Health care influencers are assessed with respect to worldview, language, cultural values, kinship, religion, politics, technology, education, environment, and related areas. This profile is primarily focused on *emic* (local) information to assess and guide health personnel in working with individuals and groups. The *etic* (or more universal view) also may be evident. In Part I, the user observes, records, and rates behavior on the scale below from 1 to 5 with respect to traditional or nontraditionally oriented lifeways. Numbers are plotted on the summary Part II to obtain a qualitative profile to guide decisions and actions. The user's brief notations on each criterion should be used to support ratings and reliable profile. This enable was *not* designed for quantitative measurements, but rather as a qualitative enabler to explicate data from informants.

Part I: Rating of Criteria to Assess Traditional and Nontraditional Patterned Cultural Lifeways or Orientation						
Rating Indicators	**Mainly Traditional 1**	**Moderate 2**	**Average 3**	**Moderate 4**	**Mainly Nontraditional 5**	**Rater Value No.**
Cultural Dimensions to Assess Traditional or Nontraditional Orientations:						
1. Language: Communication and Gestures (Native or Non-native). Notations:						
2. Wearing Apparel and Physical Appearance. Notations:						

3. Technology Being Used in Living Environment. Notations:	
4. Worldview (How person looks out upon the world). Notations:	
5. Family Lifeways (Values, Beliefs, Norms). Notations:	
6. General Social Interactions and Kinship Ties. Notations:	
7. Patterned Daily Activities. Notations:	
8. Religious (or Spiritual) Beliefs and Values. Notations:	
9. Economic Factors (Rough cost of living estimates and income).	
10. Educational Values or Belief Factors. Notations:	
11. Political or Legal Influencers. Notations:	
12. Food Uses and Nutritional Values, Beliefs, and Taboos. Specify.	
13. Folk (Generic or Indigenous) Health Care (Cure) Values, Beliefs, and Practices. Specify.	

14. Professional Health Care (Cure) Values, Beliefs, and Practices. Specify.	
15. Care Concepts or Patterns that Guide Actions, i.e., concern for, support, presence, etc.	
16. Caring Patterns or Expressions.	
17. Views of Ways to: a) Prevent illness b) Preserve or maintain wellness or health c) Care for self or others	
18. Other Indicators to Support more Traditional or Nontraditional Lifeways.	

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Part II: Acculturation Profile from Assessment Factors

Directions: Plot an X with the value numbers rated on this profile to discover the orientation or acculturation gradient of the informant. The clustering of numbers will give information of traditional or nontraditional patterns with respect to the criteria assessed.

Criteria	Mainly Traditional 1	Moderate 2	Average 3	Moderate 4	Mainly Nontraditional 5
1. Language & communication modes					
2. Physical environment					
3. Physical apparel & appearance					
4. Technology					
5. World view					
6. Family Lifeways					
7. Social Interaction & kinship					
8. Daily lifeways					
9. Religious orientation					
10. Economic factors					
11. Educational factors					
12. Political & legal factors					
13. Food uses					
14. Folk (Generic) Care-Cure					
15. Professional care-cure expressions					
16. Caring patterns					
17. Curing patterns					
18. Prevention/Maintenance factors					
19. Other indicators					

Leininger, M. M. *Culture Care Diversity and Universality: A Theory of Nursing* (1991). National League for Nursing Press and Jones and Bartlett Publishers, Sudbury, MA. www.jbpub.com. Reprinted with permission.

APPENDIX G

La Autorización Para Particpar En Un Estudio De Investigación

El Título: El cuidado cultural de los meyores puertorriqueños dentro de un ambiente de una comunidad.

Investigadora: Rosemary Fliszar, RN, MSN, PhD(c)
365 Oxford Drive
Bethlehem, PA 18017
610-954-3447 or 610-865-6494

El Consejero: Dr. Rick Zoucha
Duquesne University School of Nursing
412-396-6545

La Fuente Del Soporte: Se estú realizando este estudio como parte de los requisitos para el título de doctorado en la enfermería en la Universidad de Duquesne.

El Proposito: Queremos que participe usted en este estudio para descubrir los significados, las creencias, las expresiones, y las practicas de la salud y del cuidado de los mayores puertorriqueños dentro de la comunidad de Bethlehem, PA. Habrán entrevistas personales (1-3). Cada entrevista durará una o dos horas. Todas las prequantas usadas durante cada entrevista tratarán de sus creencias culturales, prácticas, y su cuidado respeto a la significación de la salud y del bienestar. Las entrevistas serán grabada y transcritas.

No vamos a pedirle más información que la anterior.

Riesgos y Beneficios: No hay ningún riesgo ni beneficio por participar en este estudio. Sin embargo, es posible que hayan cambios en el cuidado de los pacientes y en la educación de los estudiantes de enfermería después de terminar el estudio.

La Compensacion: Para participar en este estudio, usted no recibírá dinero. Sin embargo, participacioñ en este estudio será gratuita.

En confianza: Su nombre no aparecerá en ningún formulario ni en otro instrumento. No me identificarán en el analisis de datos. Todas las autorizaciones para participar en este estudio serán debajo de llave archivados en las casa de la investigadora. Sus comentarios solamented aparecerán en sumario. Todos los formularios serán destruidos al final de esta investigación.

Su derecho de no participar: Usted no tiene que participar en este estudio. Usted puede terminar su participación en cualquier momento.

Sumario de los resultados: Cada persona que participa en este estudio tiene el derecho de una copia de los resultados finales si la desea.

Permiso Voluntario: Yo he leído todos los puntos de este este documento y entiendo lo que ustedes esperan de mí. También, entiendo que mi participación es voluntario y que tengo el derecho de terminar mi participación en cualquier momento, y para cualquier razón. Debajo de estos términos, yo certifico que todavía quiero participar en esta investigación.

Finalmente, yo entiendo si yo tuviera preguntas o problemas sobre este estudio, yo tengo el derecho de llama al director, Dr. Paul Richer. Me dará la oportunidad de discutir, en confianza, cualquier pregunta. Dr. Paul Richer es el director del Comité Institucional de Repaso de la Universidad de Duquesne (412-396-6326).

Firma_____ fecha_____

Firma de Investigadora_____ fecha_____

APPENDIX H

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE: Culture Care of Puerto Rican Elderly in a Community Setting

INVESTIGATOR: Rosemary Fliszar, RN, MSN

SOURCE OF SUPPORT: The R.K. Laros Foundation, Inc.; Mu Omicron Chapter, Sigma Theta Tau

PURPOSE: The purpose of this research study is to discover the meanings, beliefs, expressions, and practices of health and care of elderly Puerto Ricans in the community of Bethlehem, Pennsylvania. Interviews will be conducted one to three times and each interview may last from 1to 2 hours. During these interviews you will be asked about your cultural beliefs, practices, and nursing care related to the meaning of health and well being.

RISKS AND BENEFITS: There are no known risks or direct benefits from participating in this study; however, changes may occur in patient care and nursing education after the study is complete.

COMPENSATION: You will not be compensated for participating in this study. However, participation in this study will require no monetary cost to you.

CONFIDENTIALITY: Your name will never appear on any survey or research instruments. No identity will be made in the data analysis. All written informed consent forms will be stored in a locked file in the researcher's home. Your responses will only appear in summaries.

RIGHT TO WITHDRAW: You are under no obligation to participate in this study. You are free to withdraw your consent to participate at any time.

SUMMARY OF RESULTS: A summary of the results will be supplied to you, at no cost, upon request.

VOLUNTARY CONSENT: I understand that my participation in this study will include questions about my beliefs and practices of health and care

and I agree to participate in this interview. I understand that the interview may require one to three interviews lasting 1 to 2 hours in length. I understand that the information obtained during the interview will be coded, studied, and used for the purposes of increasing the understanding of the beliefs and practices related to health and well being. I have been assured of confidentiality and that access to the information I give during the interview will be limited to the researcher. However, I understand that the results of this study may be published. The researcher has offered to answer my questions I have regarding this study and my participation. I understand that there are no known risks involved in participating in this study. A copy of this consent form will be given to me. I further understand that if I should have further questions about my participation in this study, I may call and will be given the opportunity to discuss, in confidence, any questions with any member of the Institutional Review Board.

Informant's Name_____

Signature_____ Date_____

Witness_____ Date_____

APPENDIX I

CONFIDENTIALITY STATEMENT

I, _____, understand that I may have access to personal information provided by persons involved as participants in the study "Culture Care of Puerto Rican Elderly." As the transcriptionist/interpreter of the study, I recognize that I have an obligation to protect the confidentiality of the information acquired in the conduct of the study and that I may disclose information so acquired only with the consent of the individual(s) who is (are) the source of the information and/or whom the information concerns, and of the principal investigator.

My signature below indicates my acceptance of the obligation and restriction on disclosure set forth above and that I realize that a failure on my part to fulfill this obligation can lead to appropriate disciplinary action.

Signature Date

_____

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