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Nurses' Perceptions of Caring for Jamaican Seasonal Workers on Mackinac Island, Michigan

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Submitted to Pamella Stoeckel, PhD, RN, CNE in partial fulfillment of

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Abstract

Nurses of rural Mackinac Island, Michigan face challenges when providing nursing care for Jamaican seasonal workers. The Mackinac Island Medical Center offers emergency health care services to residents and seasonal workers of Mackinac Island, Michigan. However, the Island is limited in resources and nursing staff. There is little knowledge and research into exploring the perceptions and experiences of nurses caring for this unique culture of Jamaican seasonal workers. A project was developed to explore perceptions of local nurses that may lead to improved nursing care and policy change within the Mackinac Island Medical Center. A survey was created through SurveyMonkey to include open-ended questions about nurses caring for Jamaican seasonal workers at the Mackinac Island Medical Center. Data gathered from the survey was analyzed using constant comparative analysis. The analysis of data gathered from SurveyMonkey resulted in three major themes. The three major themes include the following: *Living conditions of Jamaican seasonal workers, Nursing challenges caring for Jamaican seasonal workers, and Improvements needed for nursing care of Jamaican seasonal workers.* Eight sub-themes emerged from the major themes as the following: 1) Visa work status. 2) Medical chronic conditions. 3) Sub-standard housing of workers. 4) Workers lack of insurance and ability to pay. 5) Impact of cultural beliefs on nursing care. 6) Workers communication barriers. 7) Financial assistance needed. 8) Health education interventions needed.

Keywords: Migrant workers, Jamaican migrant workers, migrant access to health care, migration, Mackinaw migrant workers, Jamaican culture, cultural barriers for migrants, nursing care for migrants, nurses caring for migrants.

Executive Summary

Nurses' Perceptions of Caring for Jamaican Seasonal Workers on Mackinac Island, Michigan

Problem

The problem is a lack of understanding of the experiences and challenges nurses face when caring for Jamaican seasonal workers at the Mackinac Island Medical Center. The facility has limited resources and staff. This study utilized the following PICO statement: How do nurses at the Mackinac Island Medical Center who care for Jamaican seasonal workers perceive the experience of providing health care services in the past and present?

Purpose

The purpose of this study was to gain the perceptions of nurses that work with Jamaican seasonal workers at the Medical Center of Mackinac Island, Michigan. A survey will be used to gain perceptions of nursing professionals to improve and inform care for Jamaican seasonal workers.

Goals

The goals of this project may lead to enhancement of culturally competent nursing care provided to Jamaican seasonal workers of Mackinac Island, Michigan. Nursing professionals will gain insight about experiences and challenges nurses face while caring for a unique cultural group at the Mackinac Island Medical Center. This may lead to nursing education interventions and community involvement.

Objectives

The project objectives include developing a survey of open-ended questions exploring the experiences of nurses caring for Jamaican seasonal workers, identifying a sample of four nurses caring for patients at the Medical Center of Mackinac Island, Michigan, and completing a SurveyMonkey with the sample of nurses to obtain data from nurses concerning their experiences caring for Jamaican seasonal workers.

Plan

Create a survey with open-ended questions about the perceptions of nurses providing care for Jamaican seasonal workers of Mackinac Island, Michigan. The survey will gather further data about nurses' experiences and will be analyzed using constant comparative analysis. Findings will be shared with other health care professionals to improve culturally competent nursing care.

Findings/Outcome/Results

The analysis of data gathered from SurveyMonkey resulted in three themes. The major themes that emerged are the following: 1) Living conditions of Jamaican seasonal workers. 2) Nursing challenges caring for Jamaican seasonal workers. 3) Improvements needed for nursing care of Jamaican seasonal workers. Eight sub-themes emerged from the major themes as the following: 1) Visa work status. 2) Medical chronic conditions. 3) Sub-standard housing of workers. 4) Workers lack of insurance and ability to pay. 5) Impact of cultural beliefs on nursing care. 6) Workers communication barriers. 7) Financial assistance needed. 8) Health education interventions needed.

Nurses' Perceptions of Caring for Jamaican Seasonal Workers on Mackinac Island, Michigan

Nurses caring for patients at the Mackinac Island Medical Center must provide emergency health care services to a unique culture of seasonal workers. However, the medical center has limited resources and staff because the Island is located within a rural area of Michigan. Jamaican seasonal workers present to the medical center with various health care concerns. There is limited knowledge about the experiences of the nurses attempting to address these concerns. The nurses caring for this cultural group of patients wish to improve upon care for their Jamaican seasonal workers.

Problem Recognition and Definition

Statement of Purpose

To gain the perceptions of nurses that work with Jamaican seasonal workers at the medical center of Mackinac Island, Michigan. A survey will gain perceptions of nursing professionals to improve and inform care for Jamaican seasonal workers.

Problem Statement

The problem is a lack of understanding of the experiences and challenges nurses face when caring for Jamaican seasonal workers of rural Mackinac, Michigan. The population of Jamaican seasonal workers are employed in this location for approximately six to seven months.

PICO and Research Question

This project employed a population-intervention-control group-outcome (PICO) format. The PICO for this quality improvement project was:

P- Nurses working at the Mackinac Island Medical Center

I- Caring for Jamaican seasonal workers

C- No comparative

O- Perceive experiences of providing health care services in the past and present

The research question that this quality improvement project sought to address is: How do nurses at the Mackinac Island Medical Center who care for Jamaican seasonal workers perceive the experience of providing health care services in the past and present?

Project Significance, Scope, and Rationale

This project is focused on a specific problem on Mackinac Island directed at the care of Jamaican seasonal workers. It is a quality improvement project not intended to generalize beyond this setting. The project may lead to enhancement of culturally competent nursing care for Jamaican seasonal workers on Mackinac Island, Michigan. The project will gain an understanding about the experiences of nurses caring for Jamaican seasonal workers of Mackinac Island, Michigan and will help bring about improved care of this cultural group.

Theoretical Foundation for Project

Madeleine Leininger's (2006) theory emphasizes that cultural influences have a significant impact on health care outcomes. The theory assumes the essentialness of care for health and growth, and emphasizes that culturally congruent care is necessary for well-being. Both similarities and differences can be found within cultures, and it is the job of nursing to discover the culturally universal components of care and to discern diverse ways of caring (Leininger, 2006). This theory is relevant to the DNP project because it illustrates an emphasis on culture to improve upon nursing care. The unique culture of Jamaican seasonal workers must be recognized to improve upon nursing care and reflect these cultural needs.

Betty Neuman's model is based on a systems theory in which each individual or group is a unique client system. Environmental stressors disturb a system's stability to various degrees. The

goal of nursing is to promote the system's stability by assessing impact of stressors and helping the client adjust to the environment (Zaccagnini and White, 2011). This theory is relevant to the DNP project because it recognizes the unique struggles and challenges of one's environment and focuses on addressing environmental factors. Jamaican seasonal workers will present to the Mackinac Island Medical Center with health care concerns related to their environment.

Literature Selection and Scope of Evidence

Key words for literature search include migrant workers, Jamaican migrant workers, migrant access to health care, migration, Mackinaw migrant workers, Jamaican culture, cultural barriers for migrants, nursing care for migrants, nurses caring for migrants. Databases for literature selection include CINAHL and Med-Line databases accessed through Regis University's online library, along with Pub-Med, Google Scholar, and suggested articles from colleagues and academic professors.

Review of Evidence

Background of the Problem

Mackinac Island and Mackinaw City are popular historical tourist attractions that employ Jamaican migrant and immigrant workers for seasonal work. Mackinac Island is considered a rural area with limited resources. However, health care services are available at the medical center where seasonal workers can be seen. Local nurses provide care for Jamaican seasonal workers at the medical center and want to understand the best ways to care for these patients.

Systematic Review of Literature

The Systematic review of literature resulted in 35 articles to support the DNP quality improvement project and was illustrated in seven systematic review tables. There were 25 qualitative articles, ten opinion articles, and no quantitative articles. Suphanchaimat et. al (2015)

confirms that “according to the World Migration Report launched by the International Organization for Migration (2010), an estimated total number of international migrants has reached 214 million, constituting over 3 % of the global population, and between 1960 and 2005, there was an approximate two and a half increase in the number of people migrating across international borders, from 75 million to almost 191 million” (p. 2). The Americas (North, Central, and South America) and the Caribbean are the largest destinations of international migrants, with figures rising from 47 million in 2000 to more than 57.5 million in 2012, and the growing trend of migration has been mirrored by a demand for reorientation of health policies to better protect migrants’ health (Suphanchaimat et. al, 2015).

Suphanchaimat et. al (2015) describes that “challenges concerning the health of migrants cannot be tackled straightforwardly, since the issue is highly dynamic and complicated, involving various stages of migration, from pre-departure to early and late migratory status, and this matter is tightly intertwined with several social determinants, which are related not only to migrants’ characteristics (different gender roles, cultural diversity, migration experiences, and precarious legal status) but also the contextual environment of migrant destination countries (idiosyncratic health systems and cultural values)” (p. 2). Though there exists some literature exploring the health status and perception migrants have towards service utilization in many receiving countries, there is still little evidence that deeply examines the health services migrants receive in actual practice from the viewpoint of service providers (Suphanchaimat et. al, 2015).

Mackinac Island, Michigan welcomes Jamaican seasonal workers each year and encourages this unique population to continue their migration process. The Mackinaw Straits Health System offers health care services within this area at the Mackinac Island Medical Center on Mackinac Island. Interviews with professional nurses that work at the medical center have revealed that

only a few hundred Jamaican migrant workers seek services within a year, compared to thousands of patients seen at these clinics overall. These professional nurses have supported the need to pursue a project that explores nurses' perceptions of caring for Jamaican seasonal workers of Mackinac Island, Michigan.

Project Plan and Evaluation

Market/Risk Analysis

The average cost of caring for a Jamaican migrant or immigrant presenting to the emergency room at the Mackinac Island Medical Center is approximately \$500 - \$1000. Between 2012 and 2016, the average price for an outpatient emergency room visit rose 31% to \$1,917 (The Health Care Cost Institute, 2016). Minimum wage for a migrant worker in Michigan is \$9 per hour and many cannot pay for health care services. This can mean an increased costs to taxpayers. With ineffective nursing care, patients may be re-admitted or seek care often. There will be cost savings by having greater understanding of the nursing care for Jamaican seasonal workers. This project will provide insight into the experience's nurses face caring for Jamaican seasonal workers so they can provide more cost-effective care preventing re-admission and multiple visits. The savings will be around \$500 - \$1000 per patient. Increased quality of care will improve wellness of Jamaican seasonal workers. The benefits of completing the project outweigh the costs.

Project Strengths, Weaknesses, Opportunities, and Threats

The project strengths include support from nursing management to compete the study and the project investigator's past experiences relating to Jamaican seasonal workers on Mackinac Island. The opportunities include the ability to assist nurses in providing improved care to Jamaican seasonal workers of Mackinac, Michigan, and gathering data about challenges nurses

face caring for Jamaican seasonal workers. The weaknesses are accessing Mackinac Island is because transportation is limited during Winter months, and there is a limited number of nursing staff to gather data for the project. A threat to completing the project included nurses not willing to participate.

Driving Forces, Restraining Forces, and Strategies

Driving forces for the project are nurses caring for Jamaican seasonal workers of Mackinac Island, Michigan, and lack of research. The restraining forces include a small number of nursing staff, less resources in Winter months, lack of knowledge by nurses of Jamaican culture, and fear of tracing individual comments back to participants. The strategies for the project include using open-ended survey questions, to encourage participation by email, data collection from a minimum of four nurses on their perceptions providing care, sharing findings to improve care of Jamaican seasonal workers, de-identifying participants, and confidentiality.

Project Resources and Sustainability

The project resources include the project investigator, nurse participants, nurse mentor, and DNP project chairperson. The time spent creating the survey through SurveyMonkey and nurse participants taking the survey. The equipment of computer, office supplies, and SurveyMonkey. Sustainability of the project will involve gathering data from nurses caring for Jamaican seasonal workers of Mackinac, Michigan. The data will be analyzed, and findings determined. The results of study will be shared with other health care facilities and community professionals. Recommendations from study findings will be provided to the local Mackinac Island Medical Center, which may lead to policy changes or a sustainable cultural workshop.

Stakeholders and Project Team

The project stakeholders included nursing and medical professionals working in the Mackinac Island Medical Center, community members of Mackinac, Michigan, the Mackinac Island Community Foundation, and Jamaican seasonal workers. The project team included professional nurses working at the Mackinac Island Medical Center, nursing mentor and nursing program coordinator of northern Michigan and Upper Peninsula, the project investigator, and the DNP project chairperson.

Mission, Vision, and Goals

The mission is to improve nursing care of Jamaican seasonal workers at the Mackinac Island Medical Center. The vision is to gain insight into the experiences of nurses by obtaining their perceptions of caring for Jamaican seasonal workers. The goals are to obtain a sample of a minimum of four nurses working with Jamaican seasonal workers at the Mackinac Island Medical Center and to explore perceptions of caring for this unique population.

Project Objectives

The project objectives include developing a survey of open-ended questions that explore the experience of nurses caring for Jamaican seasonal workers, identifying a sample of four nurses caring for patients at the medical center in Mackinac Island, and completing a survey through SurveyMonkey with a sample of nurses to obtain data concerning their experiences caring for Jamaican seasonal workers.

Logic Model

The logic model is a visual that illustrates the project development and thought process. It includes the project problem or issue, community needs, desired results or outcome, influential factors, strategies, and assumptions.

Population/Sampling

The type of sample used for the project was purposive sampling of nurses selected from the Mackinac Island Medical Center. Participants were invited through email. The project needed a minimum of four local nurses at the Mackinac Island Medical Center until saturation was achieved. The inclusion criteria included nurse participants working at the Mackinac Island Medical Center. Participants must have had a valid nursing license to practice as a nurse, any nursing degree (ADN, BSN, MSN, or DNP), can read and speak English, and any gender. The exclusion criteria included participants that do not care for Jamaican seasonal workers and health care professionals not employed at the Mackinac Island Medical Center.

Evidence-Based Practice Design and Methodology

The project was a quality improvement project using a qualitative, key informant design. The key informant, qualitative project design is used to gather perceptions of nurses caring for a specific cultural group. The methodology is that the key informant design will focus on gathering participants that are knowledgeable about the area of interest. This was an appropriate design because the project explores the perceptions of a group of nurses caring for Jamaican seasonal workers.

Protection of Human Rights

The DNP project protected the rights of human subjects. An information sheet and informed consent was used. The participants had voluntary participation, could withdraw at any time, and did not have any relationship to their work. Limited risk overall to participants. Confidentiality was maintained because surveys and responses were kept locked by passwords and locked box. Kept for three years and destroyed. IRB gave quality improvement status. Researcher completed Citi Training.

Data Collection

The data collection process identified a minimum of four nurses who care for Jamaican seasonal patients at the Mackinac Island Medical Center using a snowball method of sampling. Informed consent to participate was obtained, along with participant email addresses. Open ended questions were developed through SurveyMonkey. There was a link to the SurveyMonkey sent to participants using the email addresses. The link requested that participants answer questions in depth.

Project Findings and Results

Key Elements, Themes, and Sub-themes

The final project sample included four nurses working at the Mackinac Island Medical Center of Mackinac Island, Michigan. One was an associate's degree nurse, two were bachelor's prepared nurses, and one was a master's prepared nurse; all had experience working with Jamaican seasonal workers. The sample included one male nurse, three female nurses, and all participants were Caucasian. Two of the participants had worked at the Medical Center for at least two and a half years, one had worked four and a half years and the other over nine years. Analysis of the surveys revealed three themes with sub-themes. These will be presented in the order that they emerged from the data.

Living Conditions of Jamaican Seasonal Workers

Visa Work Status

A prominent sub-theme from the theme of *living conditions of Jamaican seasonal workers* was *visa work status*. The Jamaican seasonal workers were on the Island as part of a program that gave them seasonal work for specific jobs. One participant described the ages of the seasonal workers, as in their "mid 30's to 50's." A second nurse identified workers to be as young as

“18.” One nurse described the type of seasonal work she stated, “Many of the Jamaican workers hold housekeeping, cook or chef positions on the island.” Another participant described the working conditions of Jamaican seasonal workers by saying, “[They work] long hours.” Another participant shared information about the social conditions of Jamaican seasonal workers by saying, “The Jamaican community is very tight knit on the island. They are as supportive of each other as possible, but employers are not as supportive of Jamaican employees as they are of American employee and therefore they get less priority.” A participant explained concerns by workers about losing their jobs. A nurse stated, “Jamaican workers seem fearful of being sick and the implications of what it means for their jobs. As a rule they do not come in for care unless they are desperate as they are so concerned they will not be allowed or able to work.”

Medical Conditions of Workers

A second sub-theme that emerged from the theme of *living conditions of Jamaican seasonal workers* was *medical conditions of Jamaican seasonal workers*. Several participants described chronic conditions that seasonal workers presented with. The most common were; “hypertension” and “diabetes.” Other conditions were “hyperlipidemia,” “UTIs,” “cardiac issues,” “musculoskeletal injuries,” and “GI disturbances.” Some short-term medical conditions were identified as “muscle strains,” and “low abdominal pain.” Participants also noted that many of the workers had “STDs.”

Sub-standard Housing of Workers

A third sub-theme that emerged from the theme of *living conditions of Jamaican seasonal workers* was sub-standard housing. One nurse stated, “[Jamaican seasonal workers] usually live in employee housing and eat food provided by employers.” Another nurse said, “They [Jamaican

seasonal workers] live in employee housing that can be unacceptable to most, but is currently being renovated due to black mold.”

Nursing Challenges Caring for Jamaican Seasonal Workers

Workers Lack of Insurance and Ability to Pay

A sub-theme that emerged from the theme of *nursing challenges caring for Jamaican seasonal workers* was *workers lack of insurance and ability to pay*. One participant stated, “They only have access to us [nurses] six months out of the year. They are usually uninsured.” Another nurse stated, “[Seasonal workers lacked] access to insurance.” Yet another said “Most do not have insurance and therefore referrals [and] tests require extensive processes to find them the least expensive option or provide patient assistance.”

A nurse described the difficulties workers experienced paying for health care services and the consequences. A participant noted “If we [health care providers] do not attempt to help with payment, the patient is often non-compliant with follow up testing or medications” Several of the participants spoke of problems with “follow-up appointments.” Another nurse noted, “Its perceived that Jamaicans do not follow through with care [including keeping] return appointments, follow-up, labs and specialty consults.”

Impact of Cultural Beliefs on Nursing Care

A second sub-theme of the theme of *nursing challenges caring for Jamaican seasonal workers* was the impact of cultural beliefs on nursing care. It was noted that cultural norms involving females being cared for by males was an issue. A participant expressed, “As a male nurse it is difficult for some females to allow me to care for them.” Another cultural influence was the more relaxed attitudes towards sexual relations that the workers displayed. A nurse stated, “[They have] frequent sexual partners of varied health histories.” Another nurse said “The

Jamaican population will often bring STD's with them which spread rapidly once they arrive in the Spring. They are very "open minded" about their views on sex and will often encourage their partners, often multiple, to seek treatment. “

An additional challenge nurses experienced was dealing with unwanted pregnancies of Jamaican seasonal workers. A nurse stated, In the past couple of years we have seen an increase in the females with unwanted pregnancies.” The nurses at the hospital clinic provided services to the workers beyond what is normal care. A nurse stated,

We will assist them in locating the website to seek termination [of pregnancy] and allow them use of our computers to complete this process which includes a counseling session they have to complete up to 24 hours prior to an abortion. We have also provided financial assistance for them to obtain transportation to and from the appointment. These processes impact the medical center greatly due to small staff and time constraints.

Workers Communication Barriers

A sub-theme that emerged out of the theme of *nursing challenges caring for Jamaican seasonal workers* was *workers communication barriers*. Many of the nurses identified “language barriers” as an issue they had to deal with in caring for Jamaican workers. They expanded upon this by noting that workers struggled with “understanding teaching that has been completed.” Not only were there problems with direct communication there was also a lack of communication about their health history. A participant noted that “lack of medical records from the home country” was also a challenge. A further problem was the difficulty in maintaining connection with the seasonal workers, a nurse stated” Rarely [do they] have phones that work so it is hard to communicate with them.”

Improvements Needed for Nursing Care of Jamaican Seasonal Workers

Financial Assistance Needed

One sub-theme that emerged from the theme of *improvements needed for nursing care of Jamaican seasonal workers* was *financial assistance needed*. All of the participants identified “financial” difficulties as an important issue impacting nursing care. One of the nurses reported, “We have been working through the off season to find more sources of financial assistance and donated items for this population.”

Health Education Interventions Needed

A sub-theme that emerged from the theme of *improvements needed for nursing care of Jamaican seasonal workers* was *health education interventions needed*. The participants identified the importance of providing “education” as a critical need. One participant stated a major problem was “lack of health knowledge.” A nurse noted that, “The best thing that nurses can do is take the time to educate about why managing diabetes and hypertension matters.” Another nurse supported this by saying, “Continued health education and outreach services [...are needed].” Another nurse identified important changes that would help by saying, “Education, consistent presence, non-judgemental care [by nurses]....[are needed].”

Discussion

This project explored the perceptions of four nurses who provided care to Jamaican seasonal workers at the Mackinac Island Medical Center on Mackinac Island, Michigan. A major finding was that the participants were aware of how worker’s visa status affected their living conditions. They described young people “working long hours” in “housekeeping, cook, or chef positions” on the Island. The literature confirms that Jamaican workers were brought to Mackinac Island in the summer to make money on work visas issued by the United States government. Workers

completed various seasonal jobs such as landscaping, cooking, hotel housekeeping, and other duties to maintain the tourist atmosphere. Visas allowed the workers to live on the Island for six months to fulfill job requirements, and then return to Jamaica. The H-2B program gave United States employers, including hotels and resorts who met specific regulatory requirements, the right to bring foreign nationals to the United States to fill temporary non-agricultural jobs (United States Citizenship and Immigration Services, 2018).

Project participants also noted that the Jamaican workers were given “less priority” compared to American employees” who were usually college students. It was reported through a WordPress blog that college kids got jobs more easily on the Island versus others seeking jobs (WordPress, 2010). The fact that Jamaican seasonal workers were less prioritized was evident in the nurses’ descriptions of how the workers did not seek care at the clinic because “they were concerned they would not be allowed or able to work if they were ill.’ This supports that because of fear of violating visa requirements, some workers did not always seek health services when needed.

Project participants also described common chronic health conditions they encountered when caring for Jamaican seasonal workers. Workers’ health conditions included “hypertension” and “diabetes.” The literature confirmed that these ailments were common in Jamaica and noted that the country of Jamaica faces rising rates of chronic disease including heart disease, cancer, and diabetes, which have become the leading causes of death (Pan American Health Organization, 2016). Chronic diseases may have been affected by the living conditions of workers on the Island.

Substandard housing for workers was another observation by nurses who cared for Jamaicans. They described workers living in “employee housing and ate food provided by

employers.” Housing for workers was described by nurses as “unacceptable by most [people].” Due to the low wages of workers they were unable to pay for better accommodations. The literature provided little information about the housing requirements for employers who hired Jamaican workers on summer visas. The United States Department of Labor (2020) indicated they were attempting to strengthen worker protections with respect to wages, working conditions, and benefits offered to workers.

A nurse noted that seasonal workers' housing was being treated for “black mold.” The Centers for Disease Control and Prevention (2019) reported that mold can cause many health effects, such as a stuffy nose, sore throat, coughing or wheezing, burning eyes, or skin rash. People with asthma or who are allergic to mold may have severe reactions. Immune-compromised people and people with chronic lung disease may get infections in their lungs from mold (Centers for Disease Control and Prevention, 2019). The presence of “treatment for black mold” in housing was a potential sign of substandard housing that may have contributed to workers' health problems.

A theme that emerged from the project was that there were nursing challenges caring for Jamaican seasonal workers. Project participants described workers as “usually uninsured” and “lacking ability to pay for health services.” Noble (2019) described Michigan having 1,000 seasonal workers on Mackinac Island with an average wage of \$9.75 per hour compared to an average hourly wage of \$11.21 for the entire state. This confirmed the low wages of seasonal workers during the six months of employment on the Island. It was not clear from the literature whether employers were expected to provide health insurance or any type of health care services as part of the employment requirements from the federal government.

A particular challenge to nurses providing care to workers was that low pay and concern about keeping their jobs caused Jamaican seasonal workers to not follow-up as requested. Nurses noted that “if we [health care providers] do not attempt to help with payment, the patient is often non-compliant with follow up testing or medications.” Literature notes that lack of follow-up for seasonal workers contributed to increased chances of more serious complications and morbidities (Cakir et al. (2017).

It was also noted that nurses at the clinic were often put into the position of helping workers find financial resources to pay for health care. The low staffing of nurses at the clinic made this particularly difficult. Another challenging problem occurred when workers sought help for unwanted pregnancies and requested abortions. Nurses spoke of “assisting them in locating the website to seek [pregnancy] termination” and “providing financial assistance for transportation to and from the appointments.” The findings of the project showed that nurses were lacking the resources of offer workers with needs beyond what the hospital clinic could provide due to small staff and time constraints.

Nurses who participated in the project also identified the challenge of caring for Jamaican seasonal workers with different cultural beliefs. A nurse noted that “...as a male nurse it is difficult for some females to allow me to care for them.” Another cultural difference was that Jamaican seasonal workers had a more relaxed attitude about sexual relations that resulted in bringing “STDs with them which spread rapidly,” and which resulted in many unwanted pregnancies. This showed the complexity faced by workers in adjusting to Western medicine and Western societal norms. The literature addressed the challenges faced by workers adjusting to different societal norms. Yorke et. al explained that “data suggests Jamaican immigrants’ attitudes towards seeking professional health services might also be affected by their gender,

documentation status, level of education, and length of time since the immigrants left their home Island” (p. 302). The existing knowledge base about Jamaicans in the United States is sparse, and their ethnic cultural distinctions may be buried in the tendency to view native-born and immigrant persons of African ancestry as the same group (Yorke et. al, 2016). These findings indicate the need for nurses to have additional cultural skills and knowledge to care effectively for Jamaican seasonal workers.

A final challenge for nurses was communication barriers. These included “language barriers” which impacted the ability of nurses to effectively address the teaching needs of workers. Most Jamaican seasonal workers did not speak English fluently, and communicated in broken English or a few English words. A nurse emphasized that workers “struggled to understand teaching that was completed.” According to the Clinic Coordinator at the Mackinac Island Medical Center, (personal communication, May 14, 2018), the clinic saw only about 250 Jamaican patients annually and, because these encounters are infrequent nurses did not quickly become familiar with the language.

Not only were there difficulties for nurses with in-person communication, there were also problems in maintaining communication with seasonal workers outside of the clinic. A participant noted “Rarely [do workers] have phones that work so it is hard to communicate with them.” Connor, Layne, and Thomisee (2010) further discuss this by saying that migrant or seasonal workers “allow little energy for engaging with the broader community, and even more importantly, language barriers, immigration status, fear of deportation and immigration authorities create a heightened sense of vulnerability and create a need to remain invisible (p. 160). It is evident from the project findings that workers lacked resources to communicate with health professionals and lived disconnected, which means they did not always have access to cell

phones, Internet, or computers. This finding suggests that Jamaican seasonal workers lived in what could be described as a low-resource setting that required a significant amount of time to build commitment and trust with the community, and needed time to improve available resources (Connor, Layne, & Thomisee, p. 160, 2010).

The final project theme described improvements needed for nursing care of Jamaican seasonal workers. Of particular importance was identifying additional financial resources. Nurses identified the goal of “working through the off-season to find more sources of financial assistance and donated items for this population.” There appeared to be a lack of coordinated effort by the clinic, the community, and employers in addressing the financial needs of the Jamaican seasonal workers. Borjan, Constantino, and Robson (2008) supported this finding by describing the need for federally funded health centers and other state agencies as important in providing health care to seasonal workers.

An additional improvement needed to enhance nursing care of seasonal workers was the need to provide health education. Nurses noted that there was “a lack of health knowledge” by workers. Of importance to one participant was to “educate about why managing diabetes and hypertension matter.” Nurses identified health topics that impacted workers lives requiring further education. These areas included prevention and treatment of sexually transmitted disease, prevention of pregnancy, and guidance for healthy living. Emphasis on providing education to workers was supported in the literature by Esteb (2020) who stated that it was important for health care providers to build trust and create a sense of ease, because it is their “responsibility to educate” (pp. 44-47).

Limitations, Recommendations, and Implications for Change

Limitations

The limitations of the study included a small sample size due to the small nursing staff accessible to the project investigator. A lack of gender diversity with only one male participant was another limitation. Recommendation for future projects would be to identify the sample during Spring and Summer months when there are more hospital staff that could participate.

Implications and Recommendations for Change

A major implication of the project findings was that there is a lack of coordinated effort by the clinic, the community, and employers in addressing the needs of Jamaican seasonal workers on Mackinac Island. Many of the needs of the workers are intertwined between all three entities. Nurses could take a leadership role in bringing these together. Recommendations include:

- Nurses could assist in clarifying the responsibilities of employers regards their involvement in providing insurance and assistance in the event of illness of seasonal workers. More clarification could also be obtained about what the H-2B visa program requirements are for workers' housing.
- Nurses could assist with coordinating services involving financial needs, housing issues, communication by phone, and transportation of seasonal workers. This could be accomplished by working with the Mackinac Island Community Foundation which works in community partnerships to generate endowed and un-endowed funds and stimulate community-wide initiatives (Mackinac Island Community Foundation, 2020). The Mackinac Island Medical Community Foundation has worked in the past with the Mackinac Island Medical Center to aid with medications, medical supplies, and transportation of Jamaican seasonal workers. Nursing staff, community members and

employers need to be made more aware of available resources offered through the Foundation.

- Recommendations for Mackinac Island Medical Center include making nurses more aware of the available translation service at the hospital called "Voices for Health Interpreting Solutions." This could involve orientation to staff nurses on the effective use of the translation service. It is also recommended that the hospital provide additional training on Jamaican culture to improve nursing care.
- It is also suggested for Mackinac Island Medical Center to hire a nurse to coordinate the education and resource efforts for Jamaican seasonal workers. Specifically, the nurse could offer education for workers at the medical center and make home visits as need. to workers' homes to offer supplies and education. The nurse could create brochures and teaching materials in the Jamaican language. They could also host events at one of the churches or resorts to give education on chronic disease. Private event could be scheduled to educate and inform Jamaican women about how to handle unwanted pregnancies and seeking abortion services. The nurse could also speak to community organizations about offering donations and financial assistance for Jamaican seasonal workers.

Conclusion

This study explored nurses' perceptions of caring for Jamaican seasonal workers at the Mackinac Island Medical Center. Data was gathered from local nurses working at the medical center to gain insight into their experiences caring for a unique population of seasonal workers. The findings revealed insight into the living conditions of Jamaican seasonal workers, challenges nurses face caring for Jamaican seasonal workers, and improvements needed for nursing care of

Jamaican seasonal workers. The findings will be shared with other health care professionals to assist in improving and informing care for Jamaican seasonal workers presenting to the Mackinac Island Medical Center.

References

- Anthony, M. J. (2011). Caring for migrant farmworkers on medical-surgical units. *MEDSURG Nursing, 20*(3), 123-126.
- Aylward, P. D. (2006). Betty Neuman: The Neuman systems model and global applications. In M. E. Parker (Ed.), *Nursing theories and nursing practice* (2nd Ed., pp.281-294). Philadelphia: F. A. Davis.
- Berger, R. (2019). Knowing no bounds. *National Nurse, 115*(1), 12-15.
- Bogges, B. and Bogue, H. O. (2016). The health of United States agricultural worker families: A descriptive study of over 790,000 migratory and seasonal agricultural workers and dependents. *Journal of Health Care for the Poor and Underserved, 27*(2), 778-791.
- Cakir, B., Kaltsounis, S., D'Jernes, K., Kopf, S., Steiner, J., and D'Jernes, K. (2017). Hospital readmissions from patients' perspectives. *Southern Medical Journal, 110*(5), 353-358.
- Centers for Disease Control and Prevention. (2019). Mold. Retrieved from <https://www.cdc.gov/mold/default.htm>.
- Chism, L. A. (2010). *The doctor of nursing practice: A guidebook for role development and professional issues*. Sudbury, MA: Jones and Bartlett Learning.
- Connor, A., Layne, L., and Thomisee, K. (2010). Providing care for migrant farm worker families in their unique sociocultural context and environment. *Journal of Transcultural Nursing, 21*(2), 159-166.
- Esteb, W. (2020). The five benefits of patient education: You can keep patients coming back by utilizing these tools for understanding. *Chiropractic Economics, 66*(3), 44-47.

Goehler, A. (2018, May 14). Personal email.

Gonzalo, A. (2011). Leininger's sunrise model. Retrieved from
<http://nursingtheories.weebly.com/madeleine-m-leininger.html>.

Hickman, R. (2015). Wait, won't, want: Barriers to health care as perceived by medically and socially disenfranchised communities. *Journal of Health and Human Services Administration, 38*(2), 174-214.

Houser, J. and Oman, K. S. (2011). *Evidence-based practice: An implementation guide for health care organizations*. Sudbury, MA: Jones and Bartlett.

International Organization for Migration. (2010). World migration report 2010: The future of migration: Building capacities for change. Geneva: IOM.

Johnson, C. E. (2012). *Meeting the ethical challenges of leadership: Casting light or shadow*. (4th Ed.). Thousand Oaks, CA: Sage Publications.

Knowles, M. (2018). Becker's Hospital Review. Retrieved from
<https://www.beckershospitalreview.com/eds/cost-of-er-visits-increased-31-between-2012-16-5-findings.html>.

Lacey, K. K., Sears, K. P., Govia, I. O., Forsythe-Brown, I., Matusko, N., and Jackson, J. S. (2015). Substance use, mental disorders, and physical health of Caribbeans at-home compared to those residing in the United States. *International Journal of Environmental Research and Public Health, 12*, 710-734.

Lassetter, J. H. and Callister, L.C. (2009). The impact of migration on the health of voluntary migrants in Western societies. *Journal of Transcultural Nursing, 20*, 93-104.

- Leininger, M. M. (2006). Madeleine M. Leininger's theory of culture care diversity and universality. In M. E. Parker (Ed.), *Nursing theories and nursing practice* (2nd ed., pp. 309-333). Philadelphia: F. A. Davis.
- Mackinac Island Community Foundation. (2020). Mission statement. Retrieved from <http://www.micf.org>.
- Manzullo, B. (2018). Mackinaw Island named the number one summer destination in America. Detroit Free Press. Retrieved from <https://www.freep.com/story/news/local/michigan/2018/05/16/mackinac-island-top-summer-destination/614533002/>.
- Melnyk, B.M. and Fineout-Overholt, E. (2015). Rating system for the hierarchy of evidence for intervention/treatment questions in Evidence-based practice in nursing and healthcare: A guide to best practice. (3rd Ed.). Philadelphia, PA: Wolters Kluwer Health.
- Nagle, B. and Williams, N. (2018). Methodology brief: Introduction to focus groups. *Center for Assessment, Planning, and Accountability*, 1-12.
- National Register of Historic Places. (2000). National historic landmark nomination. Retrieved from <https://www.nps.gov/nhl/find/statelists/mi/Mackinac.pdf>.
- Noble, B. (2019). Michigan restaurants, hotels want permanent visa fix to hire foreign workers. Retrieved from <https://www.detroitnews.com/story/business/2019/05/15/michigan-restaurants-hotels-seasonal-visas/1121066001/>.
- Pan American Health Organization. (2016). Health minister of Jamaica outlines priority health concerns. Retrieved from <https://www.paho.org/hq/index.php?>

option=com_content&view=article&id=12492:health-minister-jamaica-outlines-priority-health-concerns&Itemid=135&lang=en.

Purnell, L. D. and Paulanka, B. J. (2008). *Transcultural health care: A culturally competent approach*. (3rd Ed.). Philadelphia, PA: F. A. Davis Company.

Random House Inc. (2018). Migrant. Retrieved from <http://www.dictionary.com>.

Random House Inc. (2018). Immigrant. Retrieved from <http://www.dictionary.com>.

Schmalzried, H. D. and Fallon, L. F. (2012). Reducing barriers associated with delivering health care services to migratory agricultural workers. *The International Electronic Journal of Rural and Remote Health Research, Education, Practice, and Policy*, 1-10.

Stat Trek. (2018). Convenience sampling. Retrieved from <https://stattrek.com/statistics/dictionary.aspx?definition=convenience%20sample>.

Suphanchaimat, R., Kantamaturapoj, K., Putthasri, W., and Prakongsai, P. (2015). Challenges in the provision of health care services for migrants: A systematic review through providers' lens. *BMC Health Services Research*, 15(390), 1-14.

Terry, A. J. (2015). *Clinical research for the doctor of nursing practice*. (2nd Ed.). Burlington, MA: Jones and Bartlett Learning.

The Neuman System Model. (1995). Betty Neuman's system model. Retrieved from <https://www.slideshare.net/lizadolly/4-betty-neumans-theories-liza>.

The Health Care Cost Institute. (2016). 2016 health care cost and utilization report. Retrieved from <http://www.healthcostinstitute.org/>.

- Thompson, C. (2011). Evidence table format for a systematic review. In J. Houser and K. S. Oman. (Eds.), *Evidence-based practice: An implementation guide for health care organizations*. Sudbury, MA: Jones and Bartlett.
- United States Citizenship and Immigration Services. (2018). H-2B temporary non-agricultural workers. Retrieved from <https://www.uscis.gov/working-united-states/temporary-workers/h-2b-temporary-non-agricultural-workers>.
- W. K. Kellogg Foundation. (2004). Using logic models to bring together planning, evaluation, and action. *Evaluation Logic Model Guide*, 54-57.
- WordPress. (2010). Jamaicans in Mackinac. Retrieved from <https://soa111.wordpress.com/2010/12/16/jamaicans-in-mackinac/>.
- Yorke, C. B., Voisin, D. R., and Baptiste, D. (2016). Factors related to help-seeking attitudes about professional mental health services among Jamaican immigrants. *International Social Work*, 59(2), 293-304.
- Zaccagnini, M. E. and White, K. W. (2011). *The doctor of nursing practice essentials: A new model for advanced practice nursing*. (3rd Ed.). Sudbury, MA: Jones and Bartlett Learning.

Appendices and Acknowledgements

Appendix A: Systematic Review Table

SCOPE OF EVIDENCE

Melnyk's Levels of Evidence

Level I	=	7
Level II	=	5
Level III	=	0
Level IV	=	0
Level V	=	2
Level VI	=	11
Level VII	=	10

TOTAL OF 35 ARTICLES

(Houser and Oman, 2011, p. 141)

Types of Articles

Qualitative

- 25 articles

Opinion

- 10 articles

Quantitative

- 0 articles

Themes Two	Supportive Articles
<p>Migrant access to health care-Cultural barriers for migrants</p>	<p>McCoy, H. V., Williams, M. L., Atkinson, J. S., and Rubens, M. (2016). Structural characteristics of migrant farmworkers reporting a relationship with a primary care physician. <i>Journal of Immigrant and Minority Health</i>.</p> <p>McCauley, J. (2012). Migrant farm workers' access to medical care in the United States. <i>Agribusiness Department of California Polytechnic State University</i>.</p> <p>Schmalzried, H. D. and Fallon, L. F. (2012). Reducing barriers associated with delivering health care services to migratory agricultural workers. <i>The International Electronic Journal of Rural and Remote Health Research, Education, Practice, and Policy</i>.</p>

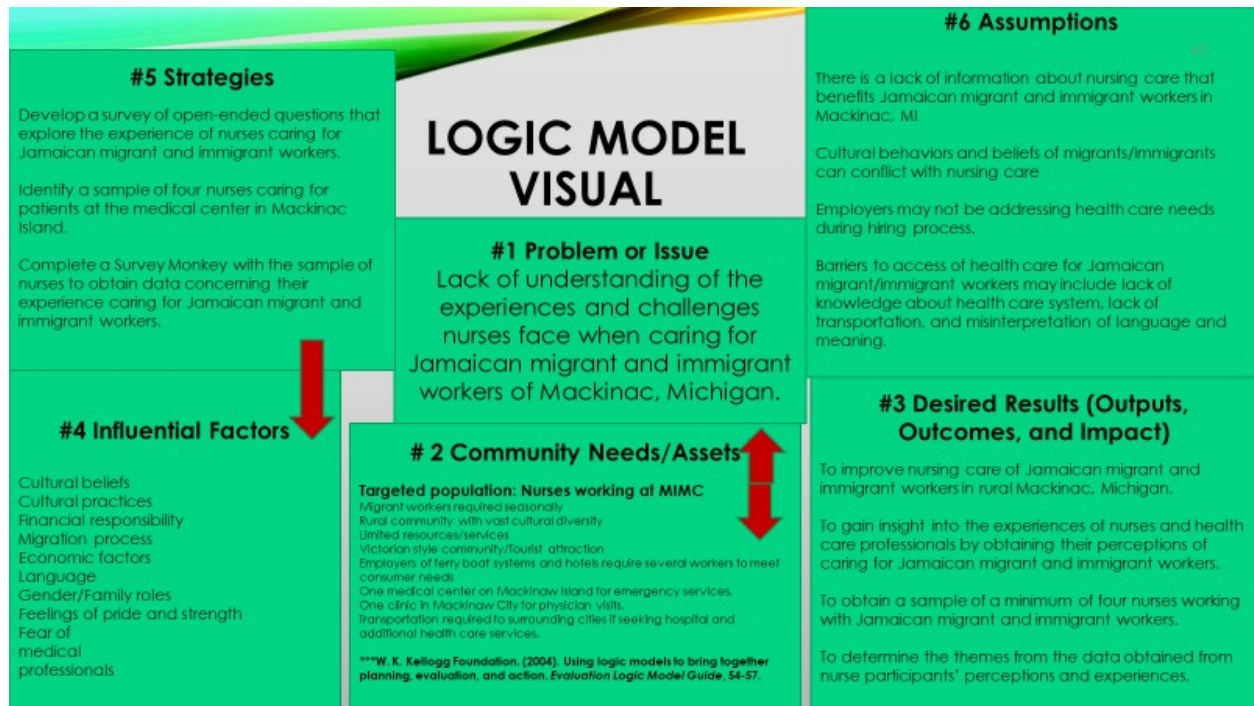
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Theme Three	Supportive Articles
<p>Health care workers' understanding of Jamaican seasonal worker culture.</p>	<p>Lacey, K. K., Sears, K. P., Govia, I. O., Forsythe-Brown, I., Matusko, N., and Jackson, J. S. (2015). Substance use, mental disorders, and physical health of Caribbeans at-home compared to those residing in the United States. <i>International Journal of Environmental Research and Pubic Health</i>, 12, 710-734.</p> <p>Lassetter, J. H. and Callister, L.C. (2009). The impact of migration on the health of voluntary migrants in Western societies. <i>Journal of Transcultural Nursing</i>, 20, 93-104.</p> <p>Yorke, C. B., Voisin, D. R., and Baptiste, D. (2016). Factors related to help-seeking attitudes about professional mental health services among Jamaican immigrants. <i>International Social Work</i>, 59(2), 293-304.</p>



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Theme Four	Supportive Articles
<p>Nurses caring for migrants</p>	<p>Anthony, M. J. (2011). Caring for migrant farmworkers on medical-surgical units. <i>MEDSURG Nursing</i>, 20(3), 123-126.</p> <p>Berger, R. (2019). Knowing no bounds. <i>National Nurse</i>, 115(1), 12-15.</p> <p>Connor, A., Layne, L., and Thomisee, K. (2010). Providing care for migrant farm worker families in their unique sociocultural context and environment. <i>Journal of Transcultural Nursing</i>, 21(2), 159-166.</p>

Appendix B: Logic Model



Appendix C: Measurement Tool/Survey Questions

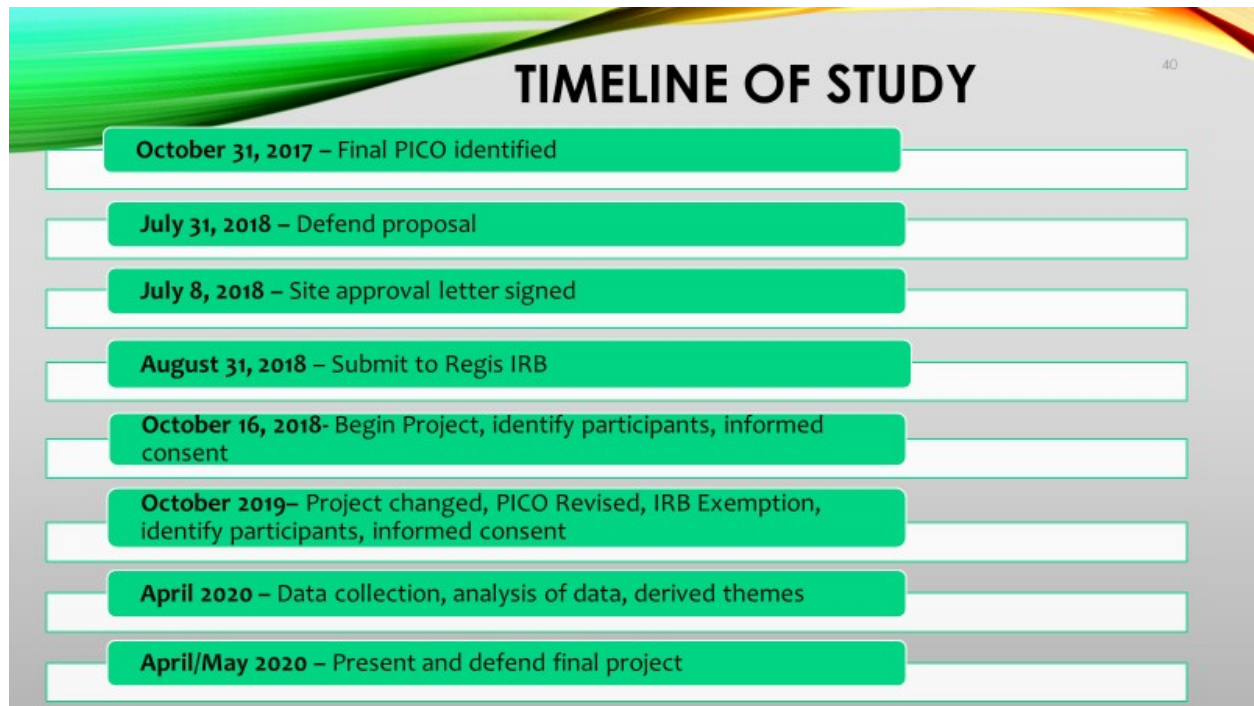


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Sub-questions

- Describe types of health services/medical issues that Jamaican migrant and immigrant workers seek care for at the Mackinac Island Medical Center.
- What challenges do nurses face while caring for Jamaican migrant and immigrant workers at the Mackinac Island Medical Center?
- Describe common characteristics of Jamaican migrant and immigrant workers who seek care at the Mackinac Island Medical Center (ex. Age, gender, job, living conditions, chronic conditions).
- How can nurses improve nursing care for Jamaican migrant and immigrant workers at the Mackinac Island Medical Center?
- Describe cultural beliefs of Jamaican migrant and immigrant workers that impact nursing care at the Mackinac Island Medical Center.
- What other experiences and perceptions do you have of caring for Jamaican migrant and immigrant workers of Mackinac, Michigan?

Appendix D: Timeline of Study



Appendix E: Project Budget



Project Budget

Costs to Researcher (Student)	Costs to Replicate (Professional)
<ul style="list-style-type: none"> • Nurse Participants x 4 = \$0 • Gas Cost/Ferry Boat = \$25 • Digital audio-recorder = \$70 • Transcription = \$0 • Researcher time = \$0 • Data analysis software = \$0 • Facility rent = \$0 • Additional supplies/Gift Card Incentives = \$130 • Total Cost = \$225 	<ul style="list-style-type: none"> • Nurse Participants x 4 = \$0 • Gas Cost/Ferry Boat = \$25 • Digital audio-recorder = \$70 • Transcription = \$300 • Researcher time = \$1000 • Data analysis software = \$300 • Facility rent = \$150 • Additional supplies/Gift Card Incentives = \$130 • Total Cost = \$1,975

Appendix F: IRB Letter

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Protection of Human Subjects

- Information sheet/Informed consent
- Voluntary participation/May withdraw at any time/No relationship to work
- Limited risk overall to participants
- Confidentiality- Surveys and responses kept locked by passwords and locked box. Kept for three years and destroyed.
- IRB gave QI status
- Researcher Citi Training
 - Completion on 2/12/2016
 - Reference/Record ID # for verification: 18696718



Appendix G: Citi Training

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Protection of Human Subjects


- Information sheet/Informed consent
- Voluntary participation/May withdraw at any time/No relationship to work
- Limited risk overall to participants
- Confidentiality- Surveys and responses kept locked by passwords and locked box. Kept for three years and destroyed.
- IRB gave QI status
- Researcher Citi Training
 - Completion on 2/12/2016
 - Reference/Record ID # for verification: 18696718



Appendix H: Agency Letters of Support

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Agency Letter of Intent



To: Church of the Straits in Mackinaw, Michigan
From: Sarah Whiteside, RN, MSN
Subject: Capstone Project Study Approval
Date: June 15, 2018

I am writing to obtain permission to conduct a qualitative, ethnographic research study in your facility with the purpose of informing Jamaican migrant workers about available health care services within Mackinaw, Michigan through an information session, followed by a focus group with interviews. This study will be done to fulfill requirements for completion of the Doctor of Nursing Practice degree at Regis University, Denver, CO. The following information will review the study.

This project will employ a **Population-Intervention-Comparative-Outcome (PICO)** format for development of the research question to be investigated.

Population: Jamaican migrant workers.
Intervention: Information session about available health care services in Mackinaw, Michigan.
Comparative: No comparative.
Outcome: Perception of willingness to use health care services in the past and present.


Research Question: What is the perception of willingness to use health care services in the past and present by Jamaican migrant workers in Mackinaw, Michigan following an information session?

Project Significance: To explore perceptions of Jamaican migrant workers related to receiving health care services in the past and present and to expand upon health care providers' knowledge about this unique population.
Type of Study: Ethnographic and qualitative research study


Participant Requirement: Jamaican migrant workers of Mackinaw, Michigan that are at least twenty years of age, either male or female, working legally with government visas in rural Michigan and can speak/read English.

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AGENCY LETTER OF AGREEMENT



**Church of the Straits
 307 North Huron Avenue
 P.O. Box 430
 Mackinaw City, Michigan 49701**



To Regis University Institutional Review Board (IRB):

I am familiar with Sarah Whiteside's research project entitled *Jamaican Migrant Workers' Perceptions of Receiving Health Care Services in Rural Michigan*. I understand Church of the Straits' involvement to allow an information session for Jamaican migrant workers about health care services in Mackinaw, Michigan. Following the information session, data collection will include a focus group and interviews with Jamaican migrant worker participants.

I understand that this research will be carried out following sound ethical principles and that participant involvement in this research project is strictly voluntary and provides confidentiality of research data, as described in the proposal.

Therefore, as a representative of Church of the Straits, I agree that Sarah Whiteside's research project may be conducted at our church.

Sincerely,

Judy Churchill
 Parish Secretary
 Phone: (231) 436-8682
 Fax: (231) 436-5765
 Email: cotsoffice@yahoo.com

Acknowledgements



-
- A presentation slide with a light gray background and decorative wavy borders in green, yellow, and orange. It contains a bulleted list of acknowledgements. The number "49" is visible in the top right corner.
- **DNP Project Chairperson- Dr. Pamela Stoeckel, PhD, RN, CNE**
 - **DNP Program Director- Dr. Patricia Cullen, PhD, CPNP-PC**
 - **DNP Project Mentor- Mary Robinson, RN, MSN**
 - **MIMC Clinic Coordinator- Amy Goehler, LPN, ADN**