An Exploration of the Impacts of American and Ecuadorian Culture on Healthcare

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Abstract

Problem

The impact that culture has on healthcare is vast. It can affect approaches to treatment, perceptions on illness, and beliefs about aliments. Additionally culture affects how patients react towards and receive treatment. I wanted to learn how cultural factors can influence healthcare in countries with differing cultures such as the United States and Ecuador.

Purpose

The purpose of this study is to explore and further identify the cultural factors that contribute to healthcare differences in the United States and in Ecuador that have an impact on improving cultural competence in the nursing field.

Methodology

The research was a qualitative study formulated through recorded observations during a nursing internship in Hospital San Francisco in Quito, Ecuador compared against personal clinical experiences in the United States. The observations in Ecuador were recorded through journal entries that highlight cultural differences. Information for this study was recorded in Hospital San Francisco while interning in the Internal Medicine unit, the Pediatric unit, the Emergency Room, and in the Operating Room.

Results

Having had the opportunity to experience healthcare settings in the United States and in Ecuador has allowed me to directly compare and contrast forms of care in each respective country. Being the participant in this study, I was able to use my observations to create conclusions about the healthcare environments that I was around. Several main conclusions emerged through themes from my recorded journal entries. These themes included economic and

cultural differences that impacted each country’s level of patient care and patient receptivity. I found that the country's economic status and cultural beliefs had some of the most potent impacts on the kinds of health care services being delivered.

Conclusion

The impact that the American and Ecuadorian culture has on its respective country’s healthcare is extensive and essential in understanding how patients respond and react towards treatment. This impact can be reflected in and affects the ways in which healthcare workers assess and ultimately treat patients. These cultural differences were manifested through each country's economy and culture that influenced their available healthcare options to patients, their responsibilities as a nurse, and their hospital’s overall relationships with their patients.

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Chapter 1 - Introduction

Background of the Study

My undergraduate years have marked an era of the "traveling bug" for me. The more places I visit, the more places I hope to visit. Traveling has become such a passion for me that it seemed fitting to connect my career aspirations with my desire to see the world. Travel nursing is where the worlds of nursing and travel collide. To get a taste of what this potential lifestyle could be like post college, I have been on the hunt for opportunities that offer studying and practicing nursing abroad. To get the most from this opportunity, I wanted to be sure to have had prior clinical experience in order to be more comfortable and qualified in abroad medical settings. This clinical experience in a university didn't start for me until my sophomore year in 2021. However, the onset of COVID-19 pushed me to carry out my study abroad goal during the summer of 2022.

Knowing that I wanted to learn more about the cultural impacts on healthcare systems led me to choose a country with a culture entirely different from my own. Since early high school years, the Latino culture is one I have had a fascination with. This fascination grew into a fever for learning Spanish, which further pushed me towards accepting a nursing focused study abroad program in Ecuador with the help from my International Studies advisor.

I arrived in Quito, Ecuador May 16, 2022 with little first hand knowledge of South America. I arrived through the Quito Airport and shortly thereafter settled into an apartment styled complex with other interning students from the United States for two weeks. The next four weeks were spent living with an Ecuadorian host family, and the following and final two weeks

we returned to our original apartments. In total, we had a full six weeks of internship. My internship took place at the San Francisco General Hospital where I shadowed and assisted the staff on the following units: Internal Medicine, Emergency Room, Pediatric Emergency Room, Pediatrics, Post Partum, Obstetrics and Gynecology, and the Operational Room.

Ecuador

Before my study abroad experience with Living and Learning, I will confess that I had very little knowledge of the Ecuadorian country and its people. I was fairly certain that it was located somewhere on the coast of South America and was a hot spot for tropical climates. Lots of sunscreen and lots of pairs of shorts were high priorities on my packing list while preparing for my trip abroad. When I arrived in Quito, however, I quickly learned how different my expectations were from reality. As will be further discussed, Ecuador is a country with immense geographical diversity. Due to high elevations in urbanized regions, wearing long pants and sweatshirts was a typical outfit for going out while in Quito. In other lowland areas of the country such as the coast or the jungle, this outfit would not be practical. It has been an amazing experience to have first hand knowledge to support the research that I have done on this country and its people. In general, I have sincerely enjoyed the opportunity to gain insight into a country that I previously knew very little about.

Geography

Ecuador is a country in Western South America that borders the Pacific Ocean at the equator, its namesake in Spanish. Mainland Ecuador is divided into three distinct sections from the Andes Mountains: the Costa, the Sierra, and the Oriente (Figure 1)(Knapp et al., 2022). Each of these sections can be distinguished as its own natural region: the Costa being the lowlands, the Sierra being the highlands, and the Oriente being the Amazon Rainforest (Knapp et al., 2022). In

addition to mainland Ecuador, there are thirteen major islands that lie roughly 600 miles off the coast that create the Galapagos Islands (Figure 2)(National Geographic Society, 2022). These islands are home to a variety of wildlife, much of which can't be found anywhere else in the world. The Galapagos are also the birthplace of Charles Darwin's theory of evolution and remain a central hub for environmental scientists today (National Geographic Society, 2022).

Figure 1.)

Britannica Map of Ecuador: *Physical features of Ecuador*

Note. By Encyclopædia Britannica, Inc. (n.d.). Located at https://www.britannica.com/place/Ecuador#/media/1/178721/61150

Figure 2.)

Britannica Map of Galapagos Islands and the Coast of Ecuador: *Galapagos Islands*

Note. By Encyclopædia Britannica, Inc. (2009). Located at https://www.britannica.com/place/Galapagos-Islands/images-videos#/media/1/223752/138983

According to CountryReports (2022), “while much of Ecuador consists of equatorial forests, the rest contains cultivated agricultural areas, some arid scrubland near the coast, and barren mountain ranges…” (p.1). These ranges include Cotopaxi, which is the second highest active volcano in the world at 19,347 ft.. (CountryReports, 2022).

Figure 3.

CountryReports of Ecuador Geography 2022

Ecuador Geography

Geographic Location	South America
Total Area	109,483 Square Miles 283,561 Square Kilometers
Land Area	106,888 Square Miles 276,841 Square Kilometers
Water Area	2,595 Square Miles 6,720 Square Kilometers
Land Boundaries	1,249 Miles 2,010 Kilometers
Irrigated Land	3,295 Square Miles 8,534 Square Kilometers
Border Countries	Colombia 590 km, Peru 1,420 km
Coastline	1,390 Miles 2,237 Kilometers
Geographic Coordinates	2 00 S, 77 30 W
Terrain	coastal plain (costa), inter-Andean central highlands (sierra), and flat to rolling eastern jungle (oriente)
Highest Point	6,267 Meters
Highest Point Location	Chimborazo 6,267 m
Lowest Point Location	Pacific Ocean 0 m
Natural Resources	petroleum, fish, timber, hydropower
Time Zone	UTC-5 (same time as Washington, DC, during Standard Time)

Note. By CountryReports. (2022). Located at https://www.countryreports.org/country/Ecuador/geography.htm

Economic Status

Ecuador's economy can be viewed as being primarily based on agriculture, mining, and fishing. “The mining and exporting of oil have played a major role in the country's economy since the early 1970's” (Ecuador.com, n.d., p. 1). In recent years, Ecuador's economy has depended more on the export of cocoa and bananas, of which Ecuador has been the world's largest exporter of. Additionally, “Ecuador is substantially dependent on its petroleum resources, which accounted for about a third of the country's export earnings in 2017” (CountryReports, 2022, p. 1).

“Until the 1950s Ecuador had few industries. Those that did exist were mostly related to processing agricultural products and the manufacture of textiles, leather products and some consumer goods” (Ecuador.com, n.d., p. 1). Since the late 1950s, industry in Ecuador has been developing. “In addition to much wider activities in processing agricultural, marine and forest products, there are modern textile, chemical, petrochemical, electronic, steel, shipbuilding and building-material industries” (Ecuador.com, n.d., p. 1).

COVID-19’s Economic Impact on Ecuador

The impact of COVID-19 negatively affected the economic status of Ecuador as the country’s infrastructure and resources were not prepared to adjust to the pandemic. Between December 2019 and January 2020, joblessness in Ecuador more than tripled from 311,134 to over 1 million individuals (Holguer et al., 2021). The decrease in work and employment caused by the pandemic did not help Ecuador's issues with poverty, inequality, or health problems. “In just under a year, the pandemic has wiped out a decade of social progress” (Cepal, 2021, p.1).

Population Growth

According to current projections from World Population Review (2022), “Ecuador’s population is expected to peak at 25.21 million people in 2079. The population, which sits at 17.64 million in 2020, will surpass 20 million people in 2031. After reaching its peak population in 2079, Ecuador is projected to finish the century with about 24.54 million people…Ecuador’s population growth rate from 2019 to 2020 is 1.55%, adding about 269,000 people to the population. Ecuador has positive net migration and a fertility rate of 2.44 births per woman, more than the population replacement rate of 2.1 births per woman…Ecuador still faces widespread poverty, with about 35% of its population living in poverty, which has resulted in chronic malnutrition. Rapid population growth could increase these issues” (p.1).

Health Status

According to a non-government organization - the Borgen project - typhoid and dengue fever, and hepatitis A are among the most common diseases in Ecuador to date. Poor communities are highly vulnerable due to improper sanitation practices, malnutrition, and weak preventative measures against these health issues (International Medical Aid, 2020). The lack of medical professionals and facilities can exacerbate these healthcare problems. Discrimination between indigenous and non-indigenous peoples in Ecuador is a noteworthy topic regarding the country’s health status as well. Indigenous people in Ecuador make up between 25 percent and 35 percent of Ecuador’s population and have been subjected to discrimination, higher poverty rates, and worse health outcomes than non-indigenous (mestizo*)* populations across the country (Reichert, 2020). Explanations for negative health outcomes among this population may come

from the fact that historically, this population has lived in more rural and agricultural areas that can cause limitations on their exposure to healthcare facilities. In support of this, Reichert (2020) explains that “[the Indigenous population in Ecuador] faces higher barriers in access to health care, as well as a 30 percent higher probability of mortality and 63 percent higher incidence of all-cause morbidity than their non-indigenous counterparts in the same geographic areas” (p.1). According to research, morbidities particularly impact Indigenous women who face higher rates of general disease burden, as well as having less access to reproductive health resources, and higher rates of gender-based violence when compared to their non-indigenous counterparts (Reichert, 2020).

Traditional Medicine

Being the home to vast and differing amounts of biodiversity, Ecuador contains a variety of plant species to support the uses of traditional medicine. According to Armijos (2014), “...the use of plants as therapeutic agents is an important feature of traditional medicine and is still practiced in many indigenous communities” (p.1). Though other rural areas of Ecuador are relevant in this discussion, the Amazonian regions of Ecuador in particular should be well noted for its involvement in plant usage for traditional medicine. The Amazon Rainforest can be viewed as an herbalism and ethnobotany hotspot due to its variety of plant species. International internship organizations, such as Global Nomadic, advertise the Amazon as being one of the most biodiverse ecosystems in the world and claim that nearly 25% of pharmaceutical drugs are derived from this area (Global Nomadic, 2022). The impacts of these plants are seemingly not unknown by the indigenous population. According to Global Nomadic (2022), the Kichwa nation, one of the main indigenous nations in the Amazonian region, is well known for their use of “plant medicine to treat everything from colds to chronic illnesses and wounds” (p.1).

Traditional medicine is more commonly used over Western medicine in rural areas, such as the Amazonian regions, due to “disproportionate access to healthcare and a lack of educational resources for disease prevention” (Global Nomadic, 2022).

While in Ecuador, my internship group and I had the chance to visit the Oriente region while exploring the Amazon Rainforest. The setting of the Amazon and its inhabitants is extremely rural, especially when compared to the urban area of Quito that we had come from. From my personal experience, it was evident that there was a definite decline in industrial medical facilities once leaving the Sierra region and entering the Oriente region. The decline of medical facilities seemingly came with an increase in traditional medicines and remedies. My group and I stayed in a small city called Tena on the outskirts of the Amazon River. I noticed that the city of Tena seemed to be home to only one pharmacy but a plethora of street vendors who sold medicinal remedies from containers such as tinted glass jars and bottles. My group and I did not get the chance to stop by the city’s pharmacy, though we were able to have multiple interactions with those selling traditional remedies. Some of the vendors explained how these solutions had been formulated in the “deep jungle” of Amazon and therefore contained healing powers unlike any kind of pharmaceutical drug. Whether because of the lack of Westernized healthcare treatment access or because of the abundance and convenience of medicinal street vendors, I noticed a heavy draw towards traditional medicines in this rural area that was not as prevalent or prevalent at all in the urbanized areas such as Quito.

San Francisco Hospital in Quito, Ecuador

Hospital San Francisco de Quito IESS is a hospital building in Ecuador located on Avenida Jaime Roldós Aguilera. The hospital itself sits at the bottom of the Pichina mountain range making for excellent hospital views. (See Figure 4.) While interning, I learned that San

Francisco Hospital has four floors with a total of 19 units. Hospital San Francisco is a teaching Hospital and part of Ecuador’s public IESS Health Insurance, which is Ecuador’s version of Universal Healthcare (Medicare and Medicaid). In Spanish, IESS stands for Instituto Ecuatoriano de Seguridad Social, which translates into the Ecuadorian Social Security Institute. This institute is a part of the social security system in Ecuador that is responsible for implementing universal insurance, according to the Constitution of the Republic in action since 2008 (IESS, 2022).

While interning at San Francisco Hospital, I was befriended by a variety of staff members. In addition to meeting nurses, I was introduced to many doctors and students in medical school, most of them being in the same age group as my internship group and I. From the medical students, I learned how nursing school in Ecuador takes five years while medical school only takes six years. Many of the medical students spoke English and wanted to practice it in conversations. They would frequently talk to my internship group and after their rounds on the units and explain procedures to us, asking how these techniques compared to procedures in the United States. A medical student and now a friend of mine Mateo Fabara (Figure 5.) is a sixth year medical student who has been interning at Hospital San Francisco for the past year. "[Hospital San Francisco] is a second level hospital, meaning that it doesn’t provide all the specialties that a third level hospital would. However, it does still provide a variety of general units that can house up to 40 patients each. I enjoy this hospital immensely because of the opportunities and staff that have helped me grow in my journey of becoming a neurosurgeon one day."

Figure 4.

Window view from Internal Medicine Unit at Hospital San Francisco.

ABOVE: Picture of window view with Pichincha Mountain range taken from the Internal Medicine Unit at Hospital San Francisco. July 2022.

Figure 5.

University of Las Américas (UDLA) Medical student Mateo Fabara and I in the Internal Medicine Unit.

Picture of Mateo Fabara (in red scrubs) and I after him letting me perform a blood draw from his right arm. Photo taken from the Internal Medicine Unit at Hospital San Francisco. July 2022.

Chapter One Summary

I interned at Hospital San Francisco in Quito, Ecuador in the summer of 2022 with an international study abroad program, Living and Learning. Hospital San Francisco offers healthcare coverage to its patients through Ecuador's version of universal healthcare insurance, as is implemented through the Ecuadorian Social Security Institute (Instituto Ecuatoriano de Seguridad Social, IESS). High poverty rates, decreased access to healthcare in rural areas, a lack of educational resources for disease prevention, and a general lack of medical professionals and facilities exacerbates healthcare issues in this country. Ecuador's health has been impacted by its economic status and its cultural traditions of the indigenous population, especially in rural areas.

Chapter Two – Literature

Introduction

The concept of healthcare in any country is subjected to a variety of internal and external factors that can introduce unique elements towards healthcare practices. The internal prevalence of poverty and social inequality, external global cultural influences, values of what it actually means to be a nurse as well as the actual nursing education received can all impact the way that healthcare is viewed in a community and ultimately in a country. In addition, spiritual morals and religious beliefs in a culture can also impact forms of healthcare. It is important for healthcare professionals to be aware and to have understanding of these differences in conceptualizing healthcare practices. In order to provide culturally competent care to patients, healthcare professionals must not only be aware of their patients' views and beliefs on healthcare, but also of their own views and beliefs. Considering the cultural elements that can affect the direction of patient treatment in addition to performing self evaluations of one's own beliefs, are vitally important tasks in the nursing profession.

Impacts of Poverty and Social Inequality on Healthcare

When broadly considering aspects of Ecuadorian healthcare, socio-economic issues such as poverty must be addressed. There are a variety of considerations to be accounted for when regarding the definition of poverty. Laverde Rojas et al. (2019) states that under certain scenarios, "poverty is understood as a result of socioeconomic relations within cultural, legal and political spheres in which people are deprived or excluded from assets and opportunities to which all human beings are entitled to" (p.71). The Ecuadorian population has historically been subject to

poverty and social inequality, in which, these deprivations and exclusions leading to poverty may be present. Amongst social groups, poverty has particularly affected women, indigenous groups and rural populations who are more at risk for discrimination and lower access to healthcare (BTI, 2022). Quizhpe et al. (2022) supports this static with research showing a higher prevalence of unmet healthcare needs among socially disadvantaged groups, including "the poor, Indigenous, those living in rural areas and those with low education" (p.1). Such socio-economic issues should be addressed when providing inclusive healthcare to those impacted and or limited by poverty and social inequality.

Global Cultural Influences in Healthcare

As the world continues to become smaller due to advances in technology and transport, medical care in hospitals and healthcare facilities has become increasingly affected by cultural and linguistic diversity. "Medical students are not only confronted with different and sometimes foreign ways of thinking and acting as relates to disease and health in the context of international student exchanges. Students also experience many different and sometimes unexpected forms of doctor-patient relationships in their native countries" (Mews et al., 2018, p.1). It is not only useful but necessary in the nursing profession to understand the wide range of diversity through communication styles, the inclusion of family members, and or the value of religion and spirituality that can have large roles in patient care. According to Mews et. al. (2018) "embedding these topics in medical education is a basic prerequisite in order to ensure high-quality, individualized healthcare for all patients in times of globalization. Furthermore, it is essential to prevent misunderstandings and avoid inappropriate care" (p.1).

Spiritual and Religious Impacts on Healthcare

In addition to cultural impacts affecting the healthcare of an individual, the religious or nonreligious identity that one holds also plays a large role in patient care. This element of faith, or even lack thereof, can have a major role in the kinds of care provided to a patient. In some cases, research even suggests a connection between spiritual beliefs and their overall sense of well being. Zehtab, et al. (2014) explains how “spiritual care has positive effects on individuals’ stress responses, spiritual well-being, sense of integrity and excellence, and interpersonal relationships. Spiritual well-being is important for an individual's health potential and the experience of illness/hospitalization can threaten optimum achievement of this potential.”

In lieu of spirituality affecting healthcare, religion is another impacting element. Though oftentimes used synonymously, spirituality and religion are not the same thing. Religion focuses more on organized beliefs and customs practiced by a group or organization, while spirituality can be viewed as being more customizable and focuses more on the individual’s own set of beliefs that ultimately leads to a sense of purpose in life (Treschuk et al., 2022). Religion influences a variety of factors that directly collide with nursing interventions. Dietary practices are a common aspect of religion that may come into conflict with healthcare interventions as many religious observations can impact a patient’s food or liquid intake during specific times. Catholics, Muslims, and Mormons can all be used as examples of populations that have religious observations regarding food and or liquid intake. According to Nies & McEwen (2019), it is common on Ash Wednesday, and each Friday during the season of Lent for Catholics to fast from meat, Muslims to abstain from eating during the daytime hours for the month of Ramadan, and for Mormons refrain from consuming liquids or any solid foods on the first Sunday of each month. Upholding these religious healthcare practices and implementing religious interventions are essential in not denying these patients of their religious rights. “Religious interventions

include treating patients' religious beliefs without prejudice, providing them with opportunities for connecting with God and expressing their values and beliefs, helping them practice their religion, and referring them to clerical and religious leaders. Nonreligious interventions include nurses' presence for patients and their families, making direct eye contact when communicating with patients, sympathizing with patients and their families, listening to patients and their families attentively, and having love and enthusiasm for patients" (Zehtab, et al., 2014).

Nursing Considerations for Cultural Differences in Healthcare Settings

In today's world, being culturally aware and sensitive of others with differing backgrounds is necessary in promoting relationships. The same is true for anyone in a profession that includes exposure to a variety of cultures. Healthcare settings are just one of the many professional environments that provide an immense amount of exposure towards people of all races and ethnicities. Providing culturally competent care is essential in the nursing profession. For nurses, it is additionally essential in understanding the values, roles, and responsibilities that those with a nursing education should hold and reflect in their profession.

Nursing Values

The need for culturally competent, patient-centered care is growing as healthcare professionals provide care to our increasingly multicultural society. A nurse's cultural competence—the ability to understand and interact effectively with people from other cultures—is critically important in helping to eliminate health disparities and social disadvantages for all patients, regardless of their ethnicity or race. As Dr. Gregory Knapik, DNP and assistant professor of nursing, explains (Wengert, 2022), "Nurses must be able to understand and appreciate different cultural backgrounds in order to do their job effectively and with the highest degree of care" (p.1) In addition to being aware of others' cultures, nurses must also have

an awareness of their own culture and cultural worldview. “Cultural biases can occur when our brains take a shortcut to interpret another culture from the viewpoint of our own culture” explains Karyen Chai, Communications Chair at Singapore Psychological Society and psychologist at Cog and The Therapy Platform (The Soothe, 2020, p.1). Understanding one’s own culture can not only help in the prevention of bias, but also allow for learning how to better relate to individuals from different cultural backgrounds, a valued skill needed in any healthcare profession.

Nursing Education

Professional nursing is defined as “the protection, promotion, and optimization of health and abilities, prevention of illness and injury, alleviation of suffering through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, communities, and populations” (ANA, 2010, p. 10). Though this definition comes from the *American* Nursing Association, the overall attitude and moral responsibilities carried with a professional nursing title can be similarly reflected across the world. Likewise, though countries may implement a variety of differing cultural elements essential to nursing, major principles related to providing care in the nursing profession can arguably be seen uniformly. In most countries, nursing ethics are set out in a code written by the body regulating the profession or by a professional organization. The United States contains the American Nursing Code of Ethics that outlines moral principles when it comes to caring for patients in the nursing profession. There is also an International Council of Nurses containing a code of ethics for nurses that provides ethical guidance in relation to nurses' roles, duties, responsibilities, behaviors, professional judgment and relationships with patients, and other people who are receiving nursing care (International Council of Nurses, 2021).

Chapter Two Summary

As the world continues to grow smaller and populations continue to become more multicultural, cultural competence, appreciation and overall awareness have become more crucial than ever in healthcare settings. Understanding the cultural backgrounds patients are from as well as the cultural backgrounds where healthcare providers themsleves are from can be essential in the interventions, treatment, and overall care of a patient. In taking all of this into consideration, it is necessary to be aware of how heavily healthcare can be impacted by the values of nurses and the values from those that they are providing for.

Chapter Three – Methodology

Study Design

A qualitative research design was used for this study. Reflection journals were used to record observations of healthcare practices in Quito, Ecuador. The main forms of data collection were from observations, conversations and general experiences within my two month-long stay in Quito, Ecuador in the summer of 2022. These reflections journals were then used in comparison to personal observations while in hospital settings for nursing clinicals in the United States from the fall of 2020 through the fall of 2022.

Ethical Considerations

The Human Research Committee of Malone University approved this study (Appendix A) after receiving a letter of approval for my observational study in San Francisco General Hospital in Quito, Ecuador (Appendix B) from Hospital San Fransico administrator Adriana Adrias. Patient identifiers were not included in reflective journals. The hours spent on each floor unit were recorded in an accountability log. Example of recorded hours is given in Appendix C.

Data Collection Process

Though the data collection process has technically lasted over two years, its simplicity has made up for its lengthy timeline. The collection process was fairly straightforward and included the sources from which data came from, field journals from clinical experiences, and photographs from hospital settings in Ecuador.

Sources of Data

I collected healthcare data in the United States from a variety of literature reviews, nursing journals, and other published scholarly research. Throughout my time in Ecuador, I collected first hand research data from several sources: notes in field journals, observations, conversations, and photographs.

Field Journals

While in Ecuador, I kept a personal journal to record my daily day activities. I also kept a research field journal (Appendix D) while interning in Hospital San Francisco to keep track of the units where I interned on and to record the general experiences. I used my field journal to examine cultural themes in the Ecuadorian healthcare setting. I color coded my journal entries by cultural traits, communication, and healthcare themes. Creating these themes allowed me to emphasize cultural differences in the Ecuadorian healthcare setting that impacted patient care and treatment. I recorded my experiences while interning in Hospital San Francisco's Internal Medicine Unit, Emergency Room Unit, Pediatric Unit, Postpartum Unit, and on the floor of the Operational Room.

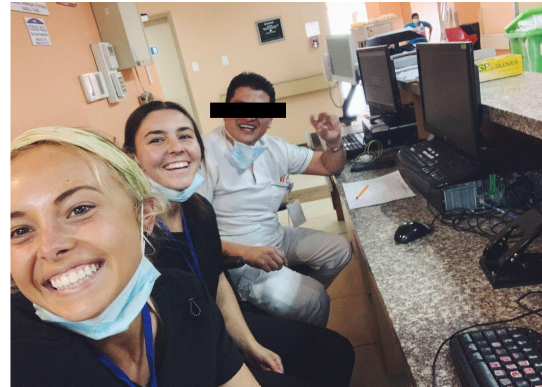
Photographs

I was encouraged by staff members in Hospital San Francisco to take photographs. Many of the staff members would even ask to take pictures with me and other nursing students interning from the United States as a way to remember us (Figures 5 and 6). While on the units, however, no pictures were taken that included patients. The pictures taken in Hospital San Francisco consisted mostly of the setting - the unit hallways, mediation carts, medical devices, charting system, etc. - and the staff who asked for pictures with us and consented to taking pictures with us. I did my best to remain culturally sensitive to the most appropriate times for

photographs and to avoid getting patients' faces in them. I was permitted to take pictures and record videos of the surgeries I observed while interning in the Operational Room.

Figure 6. And Figure 7.

San Francisco General Hospital and Nursing Staff



(Above Left: OBGYN Unit. Starting from the left, OBGYN nurse, Karinne Parker, myself, OBGYN nurse. July, 2022. Above Right: Internal Medicine Unit. Starting from the left: myself, Karinne Parker, Internal Medicine nurse. July, 2022.)

Data Analysis

While in Ecuador and also when back in the United States, I looked through my recorded field journals from San Francisco General Hospital and searched for prominent themes that emphasized cultural impacts on the Ecuadorian healthcare setting. Communication, healthcare techniques, and specific cultural traits observed were all highlighted themes. These specific themes funneled into the main emerging themes of socioeconomic and cultural impacts on healthcare. Research on cultural implications on healthcare before and after going to Ecuador was observed for the sake of cultural competence and comparison.

Chapter Four – Findings

Research Question

How do cultural beliefs and practices of Ecuadorians and Americans impact the nursing care of patients in the hospital setting?

Population Demographic of this Study

Demographics for this research came from patients admitted in San Francisco General Hospital in Quito, Ecuador as well as from patients admitted in hospitals in the United States during my Malone University nursing clinical rotations. Patients ranged from pediatric to geriatric. In San Francisco General Hospital in Quito, patients and nurses in the hospital settings were observed and their interactions were recorded. No patient identifiers were included in the research. Other cross-cultural data was formed from personal hospital observations from clinical settings in the United States and from data pulled from literature reviews, nursing journals, and other relevant published research on nursing care in the United States and in Ecuador.

Cultural and Economic Themes

While interning at San Francisco General Hospital in Quito, Ecuador, I was able to interact amongst and observe Ecuadorian nurses and patients in a variety of settings in the hospital. From my research question, I have been able to distinguish themes from cultural "beliefs and practices." For this study's purposes, beliefs can primarily be described as being culturally driven in the hospital setting, whereas practices can be described as being economically driven in the hospital setting. Cultural beliefs impacted the styles of

communication and relationships in the hospital setting. Economic status impacted the kinds of treatments and procedures that were involved in the patients' care.

As previously mentioned, during observations in San Francisco General Hospital, emerging themes could be summarized into two central themes; (1) impact of economic status on nursing care; and (2) the impact of cultural beliefs on nursing care. Caring for Ecuadorian patients directly exposed me to cultural and economic influences involved in patient care. Subthemes under these major themes that I found to be most impactful in the care provided included communication styles between the patient and their nurse and procedural differences in how care was provided. The communication style and general relationship between the nurse and the patient seemed to be mostly culturally influenced, while procedural differences in how care was provided seemed to be mostly economically influenced.

From performing clinical rotations in the United States, I had likewise been - unknowingly at the time - exposed to these cultural and economic themes by following hospital policies that can be economically and culturally driven. I was also exposed to forms of American patient to nurse communication as well as medical procedures performed by nursing staff. As a result of these exposures and following observations, I found that the economic and cultural differences between the United States and Ecuador are vast and potently impactful on the kinds of care that is provided in healthcare settings.

Cultural Theme in Practice in San Francisco General Hospital: Communication Style and Relationships in the Hospital Setting

An immediate cultural difference that I noticed shortly after starting my internship in San Francisco General Hospital was the communication style used by the nursing staff and their patients. Nonverbal communication as well as affectionate and expressive verbal communication

seemed to be heavily implemented. The first unit I interned on was the Pediatric Emergency Room. I remember the director of this unit led me around the floor with her arm tightly around my waist as if I would be lost without her. At first I had thought her motive in doing this was because Spanish is not my first language and she didn't want to loosely guide me on a tour if I couldn't understand where we were going. However, the more interactions that I observed on the unit and in the hospital in general, the more I realized how heavily nonverbal communication and actions are implemented. I often observed nursing staff members encouragingly pat each other on the back, arm, wrist, or hand. When compared to personal experiences in clinical settings in the United States, I would argue that typical North American encouragement to nursing staff members and from nursing staff members most commonly comes through verbal communication instead of nonverbal actions.

Nonverbal communication in San Francisco Hospital seemed to be heavily used by patients as well. I had multiple encounters where patients would pat my hand or even stroke my arm seemingly as a way to show appreciation. Verbal ways in which patients and nursing staff showed affection towards one another was through the usage of endearing names. I was often referred to as "amore" (this translates from Spanish into "love") by patients and nurses. I noticed that the usage of endearing nicknames was used by and for patients and nurses. From personal experiences in the United States, it seems as though using tender nicknames is reserved for people within a certain age group or people who hold a certain social hierarchical status; whereas in collectivist cultures - such as Ecuador - it seemed that anyone could call anyone an endearing name. From my experiences and recorded observations, the nurses and the patients from San Francisco Hospital appeared to be more affectionate in all forms of communication when compared to nursing staff and patients in clinical settings in the United States.

Economic Theme in Practice in San Francisco General Hospital: Limited Resources

During my rotation on the Pediatric Emergency Room Unit in San Francisco General Hospital, I had the opportunity to shadow in during clinicals for Ecuadorian nursing students who were still in their school semester (See more in Appendix C). One of the most significant teaching moments during this opportunity came from watching as they started hand intravenous lines (IVs). Though the technique was mostly equivalent to what I have learned in nursing clinical rotations in the United States, there was a major difference in their practice related towards their own safety. The students practicing did not put gloves on before performing this task. Not only did they not use gloves when starting the IVs, but they also practiced using gloves as their tourniquets. An advisor made a clever remark that “you can start an IV without gloves, but you cannot start an IV without a tourniquet.” This experience mirrored experiences on other units where gloves were not used while starting IVs on patients. Instead, cautious and unconventional yet resourceful measures were implemented.

Impacts of Culture and Economy on Nursing Roles in Ecuador and in the United States

Cultural Impacts on Nursing Roles

While interning in Hospital San Francisco, one of the initial physical characteristics that I noticed was that the nurses all wore white scrubs. When I asked one of the nurses why this was she told me that it was meant to be symbolic of “angels." Paralleling the saving or healing characteristics associated with angelic beings, the nurses are seen to embody these traits and therefore they dress in white scrubs. Though wearing white scrubs is not a universal dress code in hospitals, the alleviating actions of a nurse and what a nurse’s profession calls them to do can

be universal to angelic actions of healing, compassion, and justice. According to the International Council of Nurses (2021), “Nurses demonstrate professional values such as respect, justice, responsiveness, caring, compassion, empathy, trustworthiness and integrity. They support and respect the dignity and universal rights of all people, including patients, colleagues and families” (p. 7).

Similar to the International Council of Nurses, the United States has the American Nursing Association (ANA) that provides the profession with a code of ethics and overall standards to meet in practice. This code can be defined as a “social contract that nurses have with the U.S. public” and describes the values and standards that are to be met while providing nursing care (ANA, 2018). Regardless of the country that a nursing code of ethics is produced from, such values and standards can arguably be universally proposed when it comes to the kind of care that nurses provide. “Nursing care revolves around moral values such as compassion, empathy, honesty, trust, and respect” (Nies & McEwen, 2018, p. 695). Where diverges in care come from in practice can be seen through the actual actions of the nurses, not just what they stand for in policies. These actual actions can differentiate the specific roles that nurses hold depending on the country that they are practicing in.

From my personal experience as a nursing student in the United States, it is expected that nurses offer patients bed baths, perform linen changes, stay in the patient’s room until they finish their medications, and listen to the patient's lung and heart sounds among a variety of other tasks. Something interesting that I noticed while doing internship shifts in Ecuador was that many of the previously listed tasks above that are fairly common for nurses in the United States to perform seemed to be designated to other staff or family members. I never even noticed a nurse with a stethoscope because using one was something that was primarily designated to the

doctors, residents, and medical school students. Providing bed baths, linen changes, and even sometimes watching patients take their medications seemed to fall primarily on the family members or main caretakers of the patient. While interning in San Francisco Hospital, I noticed how high the patient to nurse ratio seemed to me. I was told by nurses that a standard Med Surg floor nurse would have roughly ten patients each. (In the United States, I have rarely had a MedSurg nurse during clinicals who has had more than six patients, even post COVID-19.) Despite this seemingly high ratio, the nurses seemed to be at ease and relaxed during their shifts. Though the patient to nurse ratio was much higher on average than in the United States, the role of the nurse seemed to be less. Thus, the less demanding role of the nurse seemed to compensate for the high patient to nurse ratio.

These differences in the specific kinds of roles that a nurse takes on with their patients can be seen as a reflection of each country's culture. The collectivist culture that makes up Ecuador can be reflected through the idea of the patient's health improving through group efforts. The patient's nurses, doctors, family, friends, and other caretakers all play a role when it comes to the improvement and care for the patient inside and outside of the hospital. The United States can be viewed as being more of an individualistic culture. Family, friends, and caretakers may play a role in the patients' care, however, when compared to collectivist cultures such as Ecuador, this help tends to be provided more when the patient is released from the hospital and when the physical role of providing care cannot be put on healthcare providers such as nurses.

The cultural beliefs of a country plays an important role in the kinds of communication, the relationships and roles that individuals have in society, transferred into professional settings such as hospitals. The collectivist or individualistic traits of a culture, such as the Ecuadorian and

American cultures, has potent impacts on the roles of nurses, healthcare providers, caretakers, and patients in hospital settings.

Economical Impacts on Nursing Roles

Economic status acts as a key determinant in the utilization of healthcare services provided in Ecuador. The ‘economic gap between rich and poor has widened’ (Drexler, 2005) as around 40% of the Ecuadorian population is poor - 62% rural and 25% urban (Jenkins et al., 2006). Socioeconomically, Ecuador can be considered as a middle-income developing country. According to the World Bank (2021), income per capita in Ecuador was approximately $5,934, which is well below the average income per capita in Latin America and Caribbean countries (See Figure 5.).

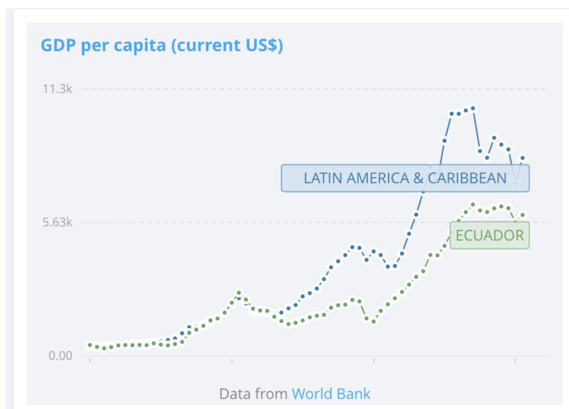
While interning in San Francisco Hospital, many of the nurses I shadowed were interested in knowing a nurse's salary in the United States. I had a variety of these discussions and they seemed to all start and end in a similar way. After explaining that the salaries varied depending on a variety of factors such as the kind of nurse as well where you lived and which hospital you worked for, they would be shocked by the average salary. In return, I would be shocked by the salary for nurses working in urbanized cities such as Quito and Guayaquil. I had a conversation with a medical student who explained how he makes less than five dollars an hour as an interning medical student. We both explained that though this salary may seem like a little or a lot, it was relative towards the cost of living in that area. A nursing salary in a certain high paying state in the United States may sound like a lot of money, though that is without factoring in cost of living in that area. The same with a lower paying salary Ecuador in an area with a lower cost of living.

While living with my Ecuadorian host mother, I had been told that as long as I had at least ten dollars or so I'd be good to get through the day eating out for every meal. Though this was hard to believe at first, I quickly learned how true her words were. I would often purchase baked loaves of bread (that could be seen by some as a meal in itself) for 25 cents a piece. My internship group and I often went to an empanada shop near the hospital after our shifts. The shop sold empanadas for one dollar each. The low budget in the area transferred beyond solely dining expenses. In this sense, it simply makes sense that the kinds of salaries in this area would likewise match the lower cost of living in this area.

As related towards healthcare, a higher income has been associated with better health conditions and lower health risks, while a lower income trends towards more exposure to health risk factors (Xiang & Zhang, 2019). Equating this to Ecuador, in 2004 a multistage clustering design to provide a nationally representative sample of 28,908 households in Ecuador was

Figure 8.

GDP per capita (current US$)



Data from World Bank, 2021. GDP per capita of Latin America and Caribbean versus Ecuador.

created to to gather information on utilization of health services (CEPAR, 2005). The results concluded that families in the lowest 20% consumption quintile were least likely to utilize health care services, and thus, be more exposed to health risk factors (CEPAR, 2005).

In addition to the economic impacts on healthcare utilization that affect patient healthcare outcomes are the impacts that economics can have on resource availability in hospitals. Limited access to resources can be problematic for patients as well as for staff in the hospital. These resources can range from money for equipment to life saving medicine and treatments. An example of this limitation I personally experienced while interning in Hospital San Francisco came from the rationing of resources used by medical professionals such as the usage of latex gloves, as previously mentioned. It seemed that gloves were only used sparingly during surgeries and other major events where contact with blood was inevitable. Common hospital policies in the United States that involve using gloves to start intravenous lines were not in place due to this rationing. Those living in countries where poverty is more prevalent, tend to have less access to healthcare resources (Peters et al., 2008). As a result, the funding that a hospital has can greatly impact the kinds of care that they are able to provide to their patients, as well impact the kind of environment that healthcare professionals work in.

The economy of a country can directly affect the cost of living for individuals. This cost of living can then be mirrored through the kinds of salaries individuals receive. Regardless of the cost of living in an area, however, a higher income has been associated with better health conditions and lower health risks. Stronger economies can support these higher incomes and thus promote better health conditions as well as healthcare improvements through healthcare facility and resource funding in providing effective environments for healthcare professionals to work in.

Chapter Four Summary

In observing patient care performed in hospitals in the United States and in Ecuador, major themes of cultural and economic impacts on healthcare emerged. A country's cultural beliefs (culturally driven) and practices (economically driven) heavily impact nurses' expected and actual roles in providing patient care. Cultural beliefs can heavily impact the forms of communication that are used in patient to nurse settings as well as patient to nurse relationships. Monetarily, a country's given economic status can influence a variety of factors that influence their citizens' healthcare quality and access. In total, the areas that cultural and economic factors play on healthcare are vast.

Chapter Five – Discussion

Research Purpose Statement and Question

The purpose of this study was to explore and further identify the cultural factors that contribute to healthcare differences in the United States and in Ecuador that have an impact on improving cultural competence in the nursing field. How do cultural beliefs and practices of Ecuadorians and Americans impact the nursing care of patients in the hospital setting?

Discussion of Findings

Socioeconomic and sociocultural factors alike can have drastic impacts on a country's healthcare. The ways that nurses provide patient care, as well as the ways in which patients respond towards this care can be deeply influenced by socioeconomic and sociocultural factors in their respective country. The access or lack of access to material resources can lead to a variety of patient care disparities between different healthcare facilities. Adding in sociocultural differences, individuals' perceptions of and responses to care are also influenced. Socioeconomic and sociocultural factors can fundamentally shape one's behavioral tendencies and expectations of care in healthcare facilities. As a result, a country's economic status and culture can play essential roles in providing patient care.

Limitations of this Thesis

Language Barrier

I think that one of the biggest challenges during this thesis process was the language barrier that I encountered while in Ecuador. Though I would consider myself to be proficient in

conversational Spanish, incorporating and understanding medical phrases was difficult and confusing. Healthcare jargon is at times confusing in English, so trying to understand and then communicate these terms in Spanish was a challenge.

While interning at San Francisco General Hospital, I was given the chance to observe surgeries in the Operational Room. One of the first surgeries I watched was a nasopharyngeal operation. The surgeon briefly explained what was going on, but with masks on, the chaotic setting of having the patient going under and medical tools being displayed, in addition to him using medical phrases that I did not completely understand in Spanish, I had close to zero idea without context clues about what was actually going on. I watched the operation for over an hour and still today, I don't know exactly what surgery I watched because I couldn't understand what the surgeon had said. Other examples of this language barrier limitation came not from the use of unknown words in Spanish, but from an unfamiliar accent and pace of the speaker. I learned quickly that Ecuadorians have various dialects. Some of the dialects, depending on if the speaker is from the Coast or mainland areas, have a quicker pace and more cultural slang.
Because of this limitation, in many cases it was easier to understand nonverbal cues over verbal conversations.

Importance of this Study

In addition to this study greatly supporting and improving my own understanding of cultural impacts on healthcare settings, I wanted this research to be more far reaching than simply towards my own personal growth in the nursing practice. This study, and studies similar to it, are important for the nursing profession and those related to it. Though the cultures this study primarily focused on were only two, this research is much broader than simply the Ecuadorian culture and the American culture. Cultural diversity in the world is broad and is not a

new concept nor a concept that will ever disappear. It is essential in being aware of the impacts that cultures can have on healthcare provided. Through cultural competency, patients can be provided with the most patient focused care.

Importance of Cultural Competency

As the world continues to grow smaller through increased transportation and advancements made through technology, I think having cultural awareness in all aspects impacting an individual is crucial. To those in healthcare care settings providing for people with differing cultural expectations and needs, I think this awareness is all the more essential. As a provider, having this awareness increases the ability to provide truly patient-centered care as these cultural differences can influence how one expects and reacts towards care. I think that the ability to provide culturally competent care is a trait that will only grow in importance in the nursing field as well as in any other occupation that requires personal contact with others.

Personal Importance

My aspirations of incorporating travel into my future nursing career have only increased since my Summer 2022 internship in Quito, Ecuador. I have continued to be interested in the possibility of providing nursing healthcare services to future patients in the United States and to future patients abroad. Having had this experience of providing nursing care in national hospitals as well as international hospitals, has directly exposed me to the importance of cultural competency in healthcare settings. I am immensely grateful to have had these knowledge expanding opportunities before beginning my nursing career. These experiences have further clarified the kinds of settings that I hope to someday work or volunteer in. Additionally, the entire thesis process has been of great importance to me. I have gained a plethora of lessons including the importance of being flexible, passionate, open-minded, and sincerely curious

towards a topic of focus. I am appreciative of every lesson and every person that has in some way impacted this two-year process.

Recommendations

As previously mentioned, I truly believe that having cultural awareness towards all aspects impacting an individual is crucial in any occupation that involves direct person to person contact. That being said, I think cultural competency cannot be an understated need in healthcare settings. Though I don’t necessarily think that this competency needs to be gained through living in a different culture, (I definitely don’t discourage this either though!) I strongly believe that practicing professionals in the medical field need to have at minimum a basic understanding and knowledge of the impacts that culture can have on their patients’ care. In theory, this knowledge can better equip nurses psychologically knowing how to care for patients from different cultures. In practice, this knowledge can then be applied through adjusting patient’s care accordingly. As a result of applied cultural competency in healthcare settings, I think the overall experience - both in personal satisfaction and outcomes - is improved for the provider and the patient.

References

American Nurses Association. (2018, July 20). *Ethics and Human Rights*. ANA. https://www.nursingworld.org/practice-policy/nursing-excellence/ethics/

Armijos, C., Cota, I., & González, S. (2014). Traditional medicine applied by the Saraguro yachakkuna: a preliminary approach to the use of sacred and psychoactive plant species in the southern region of Ecuador. *Journal of ethnobiology and ethnomedicine*, *10*, 26. https://doi.org/10.1186/1746-4269-10-26

BTI Transformation Index. (2022). *Ecuador Country Report 2022.* https://bti-project.org/en/reports/country-report/ECU#pos9

Bruhns, K. (2021). The Geography of Ecuador. *Costume and History in Highland Ecuador* (pp. 11-13). New York, USA: University of Texas Press. https://doi.org/10.7560/725911-004

Byron X. Delgado M. (2022, April, 20). *Historic Cartography from Galápagos Islands.* https://storymaps.arcgis.com/stories/b28df919468b4d129824dda81d1c49dc

Cepal, N. (2021, October 15). *Economic survey of Latin America and the Caribbean 2021: Labour Dynamics and Employment Policies for sustainable and inclusive recovery beyond the COVID-19 crisis.* https://repositorio.cepal.org/handle/11362/47193

CountryReports. (2023). *Ecuador Geography*. https://www.countryreports.org/country/Ecuador/geography.htm

Daniel F López-Cevallos, Chunhuei Chi, (2010, May). Health care utilization in Ecuador: a

multilevel analysis of socio-economic determinants and inequality issues, *Health Policy and Planning*, Volume 25, Issue 3, Pages 209–218, https://doi.org/10.1093/heapol/czp052

Drexler, M. (2005). *Health Disparities & the Body Politic: A Series of International Symposia*. Harvard School of Public Health.

Encyclopædia Britannica. (2009). *Galapagos Islands.* Image. https://www.britannica.com/place/Galapagos-Islands/images-videos#/media/1/223752/138983

Encyclopædia Britannica. (n.d.). *Physical features of Ecuador.* Image. https://www.britannica.com/place/Ecuador#/media/1/178721/61150

Erzinger, S. (1991). Communication between Spanish-speaking patients and their doctors in medical encounters. *Cult Med Psych* 15, 91–110 . https://doi.org/10.1007/BF00050829

Global Nomadic. (2022, March 25). *Ecuador: Amazonian Traditional Medicine, herbalism & ethnobotany*.https://globalnomadic.com/project/ecuador-amazonian-traditional-medicine-herbalism-ethnobotany/

Hinkle, J. L. & Cheever, K. H. (2017). Brunner & Suddarth's textbook of medical-surgical nursing (14th ed.). Wolters Kluwer.

Holguer Xavier Jara Tamayo (2021, March 18). Ecuador's social protection system failed during the pandemic. it needs a Rethink. https://blogs.lse.ac.uk/covid19/2021/03/18/ecuadors-social-protection-system-failed-during-the-pandemic-it-needs-a-rethink/

Hortensius, J., Slingerland, R. J., Kleefstra, N., Logtenberg, S. J., Groenier, K. H., Houweling, S.

T., & Bilo, H. J. (2011). Self-monitoring of blood glucose: the use of the first or the second drop of blood. *Diabetes care*, *34*(3), 556–560. https://doi.org/10.2337/dc10-1694

International Council of Nurses. (2021). In *THE ICN CODE OF ETHICS FOR NURSES* (pp. 1–4). https://doi.org/ISBN: 978-92-95099-94-4

International Medical Aid. (2021, May 8). *Ecuador*. https://medicalaid.org/global-initiatives/ecuador/

Jenkins, M. W., & Sugden, S. (2006). Human development report 2006. *New York: United Nations Development Programme*

Jolly PM, Van Hoof H, Chen F, Kim B, Duran ME, Navas AC, et al. (2021) Quantifying cultural tightness-looseness in Ecuador. PLoS ONE 16(1): e0246064. https://doi.org/10.1371/journal.pone.0246064

Knapp, G. W. , MacLeod, . Murdo J. and Vélez, . Homero Pozo (2022, November 10). Ecuador. Encyclopedia Britannica. https://www.britannica.com/place/Ecuador

Laverde Rojas H., Gómez Ríos J. J., Sellamén Garzón A. (2019). Pobreza en la infancia: enfoques y aproximaciones conceptuales. *Equidad y Desarrollo* 1 63–87. 10.19052/eq.vol1.iss33.4

Lisa M. Haddad., Robin A. Geiger. (2022, August 22). *Nursing ethical considerations - statpearls - NCBI bookshelf*. https://www.ncbi.nlm.nih.gov/books/NBK526054/

Mews, C., Schuster, S., Vajda, C., Lindtner-Rudolph, H., Schmidt, L. E., Bösner, S., Güzelsoy, L., Kressing, F., Hallal, H., Peters, T., Gestmann, M., Hempel, L., Grützmann, T., Sievers, E., & Knipper, M. (2018). Cultural Competence and Global Health: Perspectives for Medical Education - Position paper of the GMA Committee on Cultural Competence and

Global Health. *GMS Journal for Medical Education*, *35*(3), Doc28. https://doi.org/10.3205/zma001174

National Geographic Society. (2022, May). *Galápagos Islands.* https://education.nationalgeographic.org/resource/galapagos-islands

Nies, M. & McEwen, M. (2019). Community/Public Health Nursing (7th Ed.). Philadelphia: Saunders.

Peters, D. H., Garg, A., Bloom, G., Walker, D. G., Brieger, W. R., & Rahman, M. H. (2008). Poverty and access to health care in developing countries. *Annals of the New York Academy of Sciences*, *1136*, 161–171. https://doi.org/10.1196/annals.1425.011

Quizhpe, E., Teran, E., Pulkki-Brännström, AM. *et al.* Social inequalities in healthcare utilization during Ecuadorian healthcare reform (2007–2017): a before-and-after cross-sectional study. *BMC Public Health* 22, 499 (2022). https://doi.org/10.1186/s12889-022-12884-9

Ramírez-Esparza N, García-Sierra A, Rodríguez-Arauz G, Ikizer EG, Fernández-Gómez MJ. (2019). No laughing matter: Latinas' high quality of conversations relate to behavioral laughter. PLoS One. 2019 Apr 10;14(4):e0214117. doi: 10.1371/journal.pone.0214117. PMID: 30970019; PMCID: PMC6457494.

Reichert, A. (2020, April 10). *Toward intercultural health care in Ecuador: A roadmap for equitable* .https://www.healthaffairs.org/do/10.1377/forefront.20200406.329120/

Robinson, S. G. (2013). The relevancy of ethnography to nursing research. *Nursing Science Quarterly*, *26*(1), 14–19. https://doi.org/10.1177/0894318412466742

The ICN Code of ethics for Nurses. (n.d.). https://www.icn.ch/system/files/2021-10/ICN_Code-of-Ethics_EN_Web_0.pdf

The Soothe. (2022, November 7). *What is Cultural Bias and Why You Need to Avoid it*. The Soothe. https://www.thesoothe.co/connect/culture/avoiding-cultural-biases-kbyw7

Treschuk, J., & Victor, P. (2022) Critical Literature Review on the Definition Clarity of the Concept of Faith, Religion, and Spirituality. *Journal of Holistic Nursing*. 2020;38(1):107-113. doi:10.1177/0898010119895368

Wengert, S. (2022, June 14). *Celebrating Juneteenth and Pride 2022*. Medical Solutions. https://www.medicalsolutions.com/blog/job-seeker/traveler-stories/travel-nursing/celebrating-juneteenth-and-pride/#:~:text=%E2%80%9CNurses%20must%20be%20able%20toD

World Bank. (2022). *GDP per capita (current US$) - Latin America & Caribbean, Ecuador.* https://data.worldbank.org/indicator/NY.GDP.PCAP.CD?locations=ZJ-EC

World Population Review. (2022). *Ecuador population 2022 (live).* 2022, https://worldpopulationreview.com/countries/ecuador-population

Zehtab, S., & Adib-Hajbaghery, M. (2014). The importance of spiritual care in nursing. *Nursing and Midwifery Studies*, *3*(3), e22261. https://doi.org/10.17795/nmsjournal22261

Zhang, S., Xiang, W. (2019). Income gradient in health-related quality of life the role of social networking time. *International Journal for Equity in Health* 18, 44 https://doi.org/10.1186/s12939-019-0942-1

Appendix A

Approval Letter from the Institutional Review Board of Malone University.

Research Participants Protection Program
IRB and animal care protocols
Malone University
2600 Cleveland Ave., NW
Canton, Ohio 44709

Issue date: 5-31-2022, Receipt of Hospital letter: 6-7-2022

Dear Professor Kibler and Honors Student Leah Jablonski,

This message pertains to your proposal for approval for your reflective practice project in nursing at Hospital San Francisco de Quito in Ecuador (Ref: letter of permission from Lcda. Adriana Arias, 6-7-2022). [NOTE: Adriana Arias' full name and title are: Lcda. Adriana del Consuelo Arias Trujillo, Licenciada en Enfermería de la Dirección de Investigación y Docencia HGSF; she is the Director of Nursing Education at the Hospital San Francisco de Quito.]

This is Protocol LJab#1-2022, "Ecuadorian Healthcare System".
The study involves Leah Jablonski's reflective practice journal activity as she reflects on cases and practices at Hospital San Francisco de Quito.

The "subject" in this study is the nursing student, Leah Jablonski, not the patients, as they are only part of the myriad reflections Leah might have as she considers and contemplates about her experiences in Ecuador, As I mentioned in my emails, in the process of journaling about her experiences, Leah must be careful not to include unique identifiers for patients (e.g., names), and these must also be excluded from any reports about the project.

There do not appear to be any coercive mechanisms in place in this study, and the study does not appear to have any potential immediate implications for patient well-being.

Please, correct us if we have drawn any false conclusions (above).

This study has received a limited expedited review and exemption from further review owing to being a reflective practice project.

This study requires no continuing review, unless the methods change, but the exemption will expire in one year - one day from this message.

If the methods change, please, contact us and use IRB forms Section E to report about method changes.

In the event that the study will continue beyond 1 year, please, use IRB forms Section D to request renewal without methods changes prior to the expiration date.

This IRB approval expires on May 30, 2023.

Please, be aware that the Human Research Committee and Malone University do not accept responsibility for risks associated with the study. Responsibility rests with the researcher(s). It is the responsibility of researchers to be aware of local, state, and federal laws that apply to their methods, techniques, research, and record-keeping practices (e.g., 45 CFR 46; 21 CFR; HIPAA; FERPA). For researchers working outside the USA, responsibility for knowing and complying with foreign guidelines and statutes related to human research rests with the researcher.

Also, please, note that, should you desire one, the RPPP/IRB can issue a signed hard copy of the current approval upon your request via an email to the HRC/IRB chair and coordinator.

Peace from

Lauren S. Seifert, Ph.D.

pronounced like "Psychology"...."Psy-fert"
Professor of Psychology;
Chair & Coordinator, Research Participants Protection Program/IRB
Malone University, Canton, Ohio, USA

Appendix B

Approval letter from Adriana Adrias

TO WHOM IT MAY CONCERN

On behalf of Nursing Teaching at Hospital San Francisco in Quito, Ecuador, Leah Jablonski has permission to complete observational reflection journals on nursing care. The signature below confirms this permission to conduct this observation without the use of patient identifiers

A QUIEN CORRESPONDA

En nombre de Docencia de Enfermería del Hospital San Francisco en Quito, Ecuador, Leah Jablonski tiene permiso para completar diarios de reflexión de observación sobre la atención de enfermería. La firma que se indica a continuación confirma este permiso para realizar esta observación sin el uso de identificadores de pacientes.

Signature/Firma: Lcda. Adriana Arias
Date/Fecha: Quito, 7 de junio de 2022

Appendix C

Accountability Log used for initial 48 hours of internship in Hospital San Francisco

(Restaurants and shopping are not appropriate experiences to be counted as hours)

Date	Time In	Time Out	Student Dressed Appropriately	# of Hours	Name of Agency City, State	Verifying Agency Signature
5.23	8am	2pm	✓	6 hrs	Hospital San Francisco Quito, Ecuador	
5.24	8am	2pm	✓	6 hrs	Hospital San Francisco Quito, Ecuador	
5.26	8am	2pm	✓	6 hrs	Hospital San Francisco Quito, Ecuador	
5.27	8am	2pm	✓	6 hrs	Hospital San Francisco Quito, Ecuador	
5.30	8am	2pm	✓	6hrs	Hospital San Francisco Quito, Ecuador	
5.31	8 am	2pm	✓	6hrs	Hospital San Francisco Quito, Ecuador	
6.2	8 am	2pm	✓	6hrs	Hospital San Francisco Quito, Ecuador	

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Date	Time In	Time Out	Student Dressed Appropriately	# of Hours	Name of Agency City, State	Verifying Agency Signature
6.3	8am	2pm	✓	6 hrs	Hospital San Francisco Quito, Ecuador	

Appendix D

Field journals with application analyses and entry theme code recorded while interning in Hospital San Francisco in Summer 2022.

Ecuadorian Cultural Field Journals and Analysis

Journal Entry Theme Code:

1. Communication
2. Cultural Traits
3. Healthcare

5.23.22

Today was my first day on Hospital San Francisco's Internal Medicine floor. The floor held 20 rooms and could occupy up to 40 patients. The floor had the nurses' station in the middle of the hallway with half of the patient rooms on the left and the other half on the right. The hospital takes advantage of natural lighting, so most of the unit is bright from light coming through large windows on each end of the hallways. Most of the patient rooms held no less than two patients with some up to six patients in one room. I was able to shadow a nurse as she prepared her morning medications. My role was simply to observe and help the nurse when needed. Insulin seemed to be the most common morning medication and was most frequently administered in the patient's abdomen. The morning medication rounds began around 8:30A.M.. and then patient vital signs were charted shortly after. A patient's oxygen saturation, pulse, respiratory rate, temperature, and blood pressure were all charted. From vitals, I learned a discrepancy between a "normal" average oxygenation saturation level in patients in the United States versus the patients in Quito. I found that most patients on this floor had saturation levels between 88%-95%. I would assume this has to do with the higher altitude in Ecuador. Around 9:30A.M.. a short "cafecito" break was taken. The word "cafecito" is a noun that essentially

means a coffee break that takes place amongst coworkers. Gathering in the nurses' station, bread and coffee with sugar was offered. This break is common in Ecuadorian hospitals and seemed to occur almost daily depending on the nurses on shift. In general, the nurses were all very friendly and welcoming and encouraged a short rest time. The nurses, as well as the patients, seem to be affectionate and extremely giving. Patients sharing a room with other patients will often converse with one another and openly talk about their hospital admission. A family member or friend is almost always at the bedside of the patient or at least somewhere in the patient's room. Later in the morning, a group of nursing students performed patient glucose checks. All the patients were compliant and some even talked through the process of how to use the glucometer. Most patients were very interactive with the nurses and nursing students. Even with a language barrier, the patients were tranquil, amiable, and tolerant of me observing and helping the hospital staff today.

Analysis of Day 5.23.22 at Hospital San Francisco Quito, Ecuador

Communication Theme: According to Nursing Science Quarterly

I found Ecuadorian culture to be extremely welcoming and open minded towards strangers. Being new to the hospital and unable to fluently speak Spanish, I was extremely grateful towards the staffs' patience and willingness to have me work alongside them even when communicating was difficult. I noticed, however, that the nurses' kindness extended well beyond the staff and was likewise reciprocated by all who received it. The patients were equally welcoming towards me and encouraged conversation. Nursing Science Quarterly (2013) explains ethnography in terms of it explaining the meaning of human behaviors within the context of culture and from a personal perspective. The Ecuadorian body language was most often that of friendly gestures and positive facial expressions. This ethnographic experience has helped me to better first hand understand the underpinnings of the latino community. Nursing Science

Quarterly (2013) supports this form of cultural understanding in explaining that "knowledge is not used or applied to the person, but rather knowledge enhances understanding" (p.18).

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5.24.22

I spent today on the Internal Medicine floor. The unit is split between a left and a right wing with nursing stations in the middle. The nurses here wear white scrubs and are identified with a nursing badge on the sleeve of their right shoulder. I have yet to meet a male nurse on this unit, though I have met several male nursing students. The staff are all extremely welcoming and offer the chance to administer medications and perform subcutaneous shots such as insulin. The nurses will sometimes have up to eight patients each, though most of them appear relaxed and without stress at work. The staff here seem to be friends and will take cafecitos with one another for morning breaks during their shifts. The atmosphere on this unit is calm and organized most of the time and without anyone rushing through the hallways. The unit is filled with nurses, doctors doing rounds, patients being assisted on walks, and nursing techs serving meal trays and carrying cleaning supplies from room to room. I watched a nurse start several intravenous lines. The nurses do not wear gloves while starting these, though they are very cautious and resourceful while doing so. A tightly wrapped glove is often used as the patient's tourniquet. Another difference I have noticed occurred while watching nursing students perform glucose checks. Today I shadowed as a trio of nursing students took glucose checks with their instructor. After cleaning the patient's finger and pricking it with the glucose needle, they did not wipe away the first drop of blood. Instead, they used this first drop of blood for the glucose reading. The practices I've seen nurses and nursing students perform have all been carried out with caution.

Though sometimes dealt with limited resources, such as not being able to wear gloves while starting intravenous lines, the staff are all very inventive and seem to work very effectively despite any material drawbacks.

Analysis of Day 5.24.22 at Hospital San Francisco Quito, Ecuador

Health Care Theme: According to Jolly et. al., (2021) and Hortensius, J., (2011)

According to Jolly et. al., (2021), "Ecuador struggles with high poverty… an underdeveloped healthcare system, high risk of infectious disease…" (p. 1). The staff in Hospital San Francisco work with competence while caring for patients using the most of their resources. The nurses using gloves as tourniquets and linen as restraints and as makeshift arm slings are a few examples of how this underdeveloped healthcare system uses resourcefulness as means to counteract lacking materials. Ecuador also struggles with an "underfunded education system, poor public infrastructure, and mounting corruption at all levels of society" (Jolly, 2021). These public setbacks can be reflected in the healthcare system's public hospital infrastructure and patient methodologies, such as in the glucose check example above. The nursing students who performed the glucose checks were simply doing as they had been taught, which is to use the first drop of blood for the glucose check after the patient's finger has been pricked even when it has been established that glucose readings should be monitored with the second drop of blood. "Wiping the first drop away with a tissue considerably improves readings" (Hortensius, J., 2011). The continual improvement of this underdeveloped healthcare system will only lead to more improved healthcare teaching and overall improved patient outcomes in the future.

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5.26.22

Today on the Internal Medicine floor I began my shift watching nurses give insulin shots. The insulin syringes have orange caps, just like in the United State hospitals. It seems that around 8:00A.M. every morning the nurses begin their medication passes. The nurses collect and prepare medication for all of their patients at one time and then do rounds for everyone instead of collecting and preparing medication for each patient separately. The nurse I was shadowing today told me that she had 14 patients! She explained that typically each nurse will have 10 or 11 patients in a shift on the Internal Medicine Unit. She asked about the patient to nurse ratio in the United States and was shocked at the difference. The nurse was also shocked to know about the pay difference for medical professionals in the United States as in Ecuador they are paid much less. The Internal Medicine floor has 20 rooms and can hold up to 40 patients. Typically, two nurses will work on the left side of the floor, each having 10 patients, and two nurses will work on the right side of the floor, also each having 10 patients each. There is always at least one security guard on the floor and a handful of medical students doing rounds. Besides taking vitals, I mostly observed the nurses and medical students on the floor. I watched as a medical student performed an arterial blood draw on a patient who had edema in her arms and hands. The medical student used a syringe with its suctioning force to draw back blood. While not shadowing the medical students or the nurses, I was able to converse with some of the patients. Many of the patients who are able to independently ambulate take frequent walks in the hallway to exercise and to simply get out of their room as some of the rooms hold up to six patients each.

Analysis of Day 5.26.22 at Hospital San Francisco Quito, Ecuador

Cultural Trait Themed: According to Jolly et. al., (2021)

According to Jolly et. al., (2021), Ecuador's "average net annual salary hovers around $35,000 and its monthly minimum wage was $424 in 2019." The cost of living in Ecuador was certainly much lower than in any state I've been to in the United States. This makes sense due to the country's lower salaries. Nurses I spoke to in the hospital agreed that their salaries, even for being in the medical field, weren't ridiculously low due to the fact that living in Ecuador is in general a cheaper lifestyle. I once spoke with an interning medical student who said he was earning less than $5 an hour for his hospital internship. Though this may come across as an extremely low wage, especially for an interning doctor, he explained that this was just another cultural example of how things are different.

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5.27.22

This morning on the Internal Medicine floor I was assigned to a nurse who had eight patients for the day. I shadowed her as she began her shift administering 8:00A.M. medications. One of the patients was battling Alzhiemers and was under restraints. The patient's wrists were bound with linen tied to the bed rails. The patient was nonetheless compliant with their care. I've noticed that all of the patient and nurse interactions that I have observed on this floor are filled with appreciation and respect for one another. Patients listen earnestly while nurses explain and in return the nurses show high regard for every patient. This relationship of admiration between the nurses and patients seems to go beyond patient compliance. I've heard multiple nurses refer to their patients as "amore" ("love") and vice versa with the patients. Showing physical affection

for the patients and the staff is another concept that I've noticed as a huge aspect in this relationship. My nurse often puts her hand on her patient's shoulder while explaining information. Patients as well show physical affection towards the staff. Oftentimes I've had patients hold my hand or pat my arm or back. Family members of other patients will assist nurses in general bed or chair transfers. Even between patient to patient relationships, there is a level of emotional and physical affection. Patients sharing a room often talk to one another, sharing personal information about their diagnoses and consoling one another about each other's conditions. These settings are inspiring to me and give me deep cultural takeaways.

Analysis of Day 5.27.22 at Hospital San Francisco Quito, Ecuador

Communication Themed: According to Ramírez-Esparza et., al. (2019)

I've noticed a certain level of truth when it comes to the Ecuadorian communication style compared to latino stereotypes. I've found their communication to be filled with compassionate vocabulary and expressive body language. The staff at Hospital San Francisco seemed to be almost personally concerned with each of their patient's conditions and would occasionally have in depth conversations about their personal lives. Overall, I found most of my coworkers to be extremely giving, conversational, and affable. In general, the stereotype of this collectivist culture being "talkative and gregarious" (Ramírez-Esparza et., al., 2019) was a trait that I found true for the majority of my interactions with locals inside and outside of the hospital.

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6.30.22

Today I was able to experience a lot on the Internal Medicine floor! I shadowed doctors as they performed different procedures, I watched the insertion of a nasogastric (NG) tube as well

as a catheter removal, and I was able to perform an ECG. The NG tube insertion procedure mirrored that which I was taught in clinical. It was a very interesting procedure to see being performed on an actual patient. Once the tubing was in the patient's stomach, the doctors confirmed the position by pulling stomach acid contents and listening to the pushing of air into the patient's stomach. The doctors later went into another patient's room to perform a catheter removal. As I was taught in clinical, the doctors first laid out padding underneath the patient and then pulled out the air in the catheter bulb before then retracting the catheter tubing. The procedure went smoothly and the patient didn't even flinch. After lunchtime, the doctors were performing ECGs on patients. They taught me and another nursing student from the United States how to perform this procedure and then later had us set everything up on the patient. In the afternoon I was able to talk with one of the interning doctors. He explained how the most common diagnoses on this floor are diabetes and hypertension.

Analysis of Day 6.30.22 at Hospital San Francisco Quito, Ecuador

Health Care Themed:

Being able to observe as the staff performed patient procedures has been an incredible experience for cross examining just how drastically medical methods in Ecuador differ from those in the United States. I found that besides the difference in performing procedures such as glucose checks and starting I.V.s without gloves, most other methods are performed similarly to those in the United States. Though I was only able to observe a handful of procedures, the ones that I did get to observe followed the same sterile technique as I've been taught and have observed in the United States. For the most part, I'd say the biggest difference is simply the resources used in these procedures. Though different resources, I'd say that for the majority of the procedures I witnessed the methods and outcomes are essentially the same.

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6.31.22

Today I was in the Pediatric and Postpartum Unit. The Pediatric Unit has 22 patient rooms and currently holds 12 patients. The Pediatric Unit shares the floor with the hospital's Gynecology and Postpartum Unit. I was with a nurse on the Pediatric unit for the morning and with a different nurse on the Postpartum unit for the afternoon. While in the Pediatric Unit, I watched as the nurse took vitals and administered medications. I noticed the presence of a few teenage parents while going into some of the patient rooms. The nurse used the same kind of vital cart for the pediatric patients as is used on the general adult floors. However, the nurse implemented the use of a smaller automatic blood pressure cuff and oxygen saturation monitor. There were only two single patient rooms that the nurse and I went into, the rest of the rooms held at least two patients. Towards the end of the shift, I was able to talk more to the nurse who explained that the most common diagnosis on the pediatric floor is pneumonia due the area's climate.

Analysis of Day 6.31.22 at Hospital San Francisco Quito, Ecuador

Culture Traits Themed:

From the observations gathered while in the Pediatric unit, it became evident that the guardians of the patients are not only encouraged to stay with the patients at all times but also expected. This community is extremely tight-knitted and family oriented. In addition to this, I found that parents of the patients formed a sort of trusting symbiotic relationship with each other while in the hospital with their children. I watched as parents of other children would babysit

patients in the same room as their own children so as to allow for caregiver breaks. I observed as a mother of a toddler watched over and even coddled a baby while the baby's own mother went to get lunch. The community inside and outside of the hospital seems to be so genuine and good natured. Everyone is naturally very trusting towards one another, even when it comes to strangers babysitting their children.

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6.2.22

Today my afternoon was mostly spent on the Postpartum Unit. Like the Pediatric Unit, this unit also holds 22 patients. The rooms are organized like the rooms in the Pediatric and Internal Medicine floors with some holding up to six patients per room. While entering patient rooms, I noticed that only some of the postpartum patients had their newborns in the rooms with them. I observed how the cribs contained various objects, such as blankets, pillows, and toys. I saw only the eyes and nose of one newborn wrapped tightly in a bundle that filled the entirety of the crib. One of the patients on this unit spoke fluent English and was able to explain a little about her admission. She explained how most postpartum patients can only stay for 24 hours; however, patients with difficult births can stay up to 48 hours. I watched as my nurse performed a postpartum assessment on the woman, feeling the patient's fundus and checking the lochia. I wasn't able to actually do much while on this unit, but I did get to see many patients during these postpartum checkups and learn the similarities between postpartum assessments performed here versus in the United States.

Analysis of Day 6.2.22 at Hospital San Francisco Quito, Ecuador

Healthcare Themed:

While being taught during our maternity unit and during postpartum clinicals, I remember learning about the latino population being notoriously known for overstuffing newborn cribs so as to keep the baby snug and warm. I did witness this firsthand while in the postpartum unit in Hospital San Francisco and was surprised to find the nurses did nothing to prevent it. It seems that crib safety in this hospital, though with the same goal in promoting the newborn's wellbeing, looks vastly different. The general postpartum care, however, did not seem to be as different as the newborn care. The nurses did thorough assessments on the patients and performed essentially the same procedures and general checks as I've witnessed in postpartum clinicals in the United States.

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6.3.22

Today I was able to shadow in Hospital San Francisco's operation room (O.R.). I was led to a women's locker room where I was given a new pair of scrubs along with a cap and shoe covers to prevent the spread of any traveling bacteria. A nurse working in the O.R. led me to a surgery already taking place in one of the five operating rooms. The setting seemed to be essentially the same as in operating rooms in the United States, though appeared to be a little less spacious. I wasn't sure what operation I had walked into as the surgery was nearly finished when I entered and none of the nurses had time to explain it to me. I observed as the surgeon appeared to extract large plaques with suction tubing in a patient's nasogastric gastric area with tubing that traveled through a nostril. The patient was under anesthesia and was being carefully watched by a present anaesthesiologist administering anesthesia through the patient's mouth. As the surgeon and anesthesiologist worked, another nurse was at the bedside suctioning blood from the

patient's mouth. The surgery was extremely interesting to watch as I was also able to pick up on the staff's team dimension as each person in the room held an essential job. After this surgery, I floated around and watched the end of a colectomy surgery through an operating window. The surgeries were scheduled only during certain hours so as to have time to prepare rooms and give the surgeons a meal break. After watching the colectomy, most of the other surgeries had also ended and I watched as nursing techs cleaned and restocked the rooms for more afternoon surgeries.

Analysis of Day 6.3.2 at Hospital San Francisco Quito, Ecuador

Healthcare Themed:

Spending time in the operating room has taught me the general organization of a typical surgery in Hospital San Francisco. The operating rooms contained only essential staff members who worked in unison with one another, each having a distinct and important role. I noticed their relaxed pace while performing surgeries and learned how each surgeon has the chance to play music while operating. The surgeon I had the opportunity to observe preferred to listen to Justin Bieber while performing the surgery. I found this interesting as I've never been in an operating room in the United States that plays background music during surgeries. Having the chance to observe these surgeries has given me the broader perspective on how this collective culture uses healthcare as another example in which their inclusivity and amiable characteristics are evident. Everyone greeted me kindly and with respect as if I too held an essential role in the surgery. As a whole, these observations have not only given me a bigger perspective into the differences of this culture's medical procedures and protocols, but also the differences in their overall attitudes towards others that affect healthcare as a whole.