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Transcultural Nursing in Guatemala: A Different Yield

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Transcultural Nursing in Guatemala: A Different Yield

Katherine A. Baumgartner

Submitted in partial fulfillment of the requirement for the degree of Doctorate of Nursing Practice

AUGSBURG COLLEGE MINNEAPOLIS, MINNESOTA

2011

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Augsburg College Department of Nursing Doctor of Nursing Practice Program Final Scholarly Project Approval Form

This is to certify that Katherine A. Baumgartner has successfully Defended her Final Scholarly Project entitled "Transcultural Nursing in Guatemala: A Different Yield" and fulfilled the requirements for the Doctor of Nursing Practice degree.

Date of Oral Presentation: May 5, 2011

Committee members signatures	3:

Advisor:	Date:
DNP Faculty:	Date:
	Date:
DNP Faculty:	Date:

Presentations of DNP Project:

Saint Paul Area Synod Health Task Force for La Iglesia Luterana Augustina de Guatemala – April 14, 2011

Guatemalan Mentor, Emiliano Chajil, Center for Global Education, Augsburg College – April 19, 2011

Transcultural Nursing Society 37th Annual Conference, Las Vegas, Nevada, October 21, 2011

Gloria Dei Lutheran Church, Women's Group, St. Paul, Minnesota - February 4th, 2012

Multiple times for Augsburg College nursing students – undergraduate and graduate programs

Acknowledgements

I would like to express my deep appreciation and gratitude to my advisor, Dr. Ruth Enestvedt, for many years of support, respect, listening and honoring of my DNP journey at Augsburg College. She has given good counsel and a steady grounding for the exploration I did and the exploration I didn't even know I wanted to do. We have become friends and colleagues over the years and I will forever hold her dear in my heart for all she has given me. Ruth first introduced me to Guatemala and planted the seeds of my deep friendship and nursing practice in this beautiful and ancient place.

I would like to thank the entire DNP faculty: Dr. Cheryl Leuning, Dr. Sue Nash and Dr. Joyce Perkins, for their inspiration, wisdom and support. All of the DNP faculty have created an outstanding transcultural community health DNP program which offers opportunity and inspiration to prepare nurses in creating a more just world with health equity for all.

I want to thank my brothers and sisters in Guatemala. Over many years, I have established friendships and partnerships with the pastors of La Iglesia Luterana Augustina de Guatemala as well as church members from various villages who became health promoters within their own communities. The dedication of both the pastors and the local health promoters to the health and well being of their small, rural, poor communities inspired this project. In addition, in Minnesota, the members of the Saint Paul Area Synod Health Task Force as well as Global Health Ministries contributed to the beauty and vision for this project and the realization of multiple health promoter classes provided in Guatemala. Teaching materials and health care supplies were provided to local health promoters to support their work, develop their skills and assist in this healing ministry. Two local health promoters in particular I would like to name: Catarina Ceto and Azucena. They have been my colleagues on this journey and have taught me a great deal.

I thank my DNP sisters who traveled on this first cohort journey. We filled our days with conversation, challenge, hope, and inspiration as we each took different paths for our projects, yet always came back to one another for support. Bless you.

Finally, I want to thank my husband, Ralph, who gave me unconditional support throughout the program and joined me in my work in Guatemala through his translation skills, wise words and eagerness to travel and learn. How blessed I am to have you as my life partner.

Title

Transcultural Nursing in Guatemala: A Different Yield

Author

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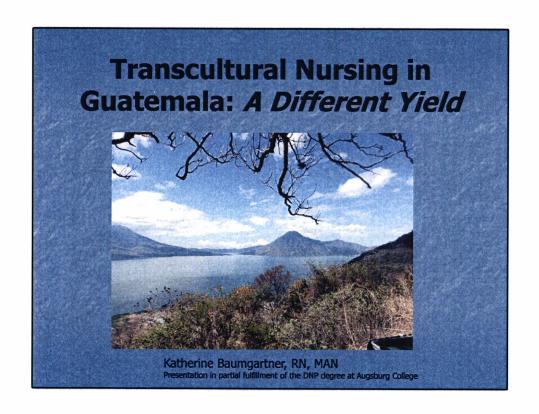
Abstract:

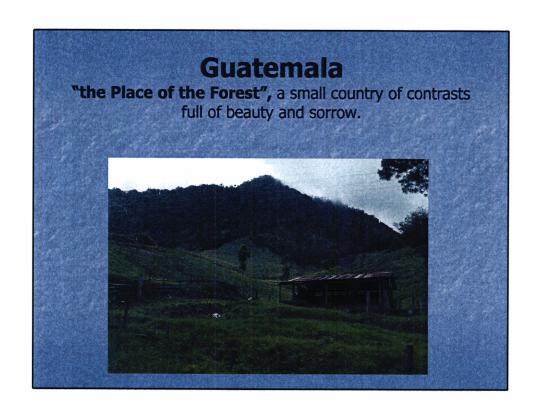
Daily life in Guatemala for most indigenous Mayan persons involves struggle, risk, and hardship. This country holds sharp contrasts: amazing beauty with volcanoes and jungles, and thousands of years of the advanced Mayan civilization along side the history of Spanish colonization, oppression, the daily face of poverty. Following a thirty-six year civil war, which ended in 1996, thousands of Guatemalan refugees returned from Mexico to re-create their lives in their homeland.

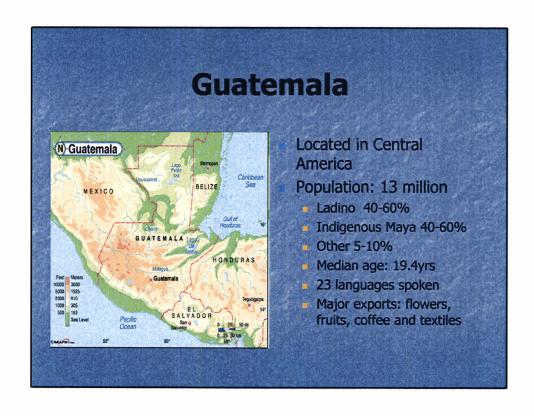
It is within this context, that a health initiative was begun as an international collaboration. The purpose of this initiative was to establish a program to educate and support local indigenous health promoters (also known as community health workers) within their own villages. The health promoters were chosen by their communities to receive education, support and supplies in order to lessen the burden of illness.

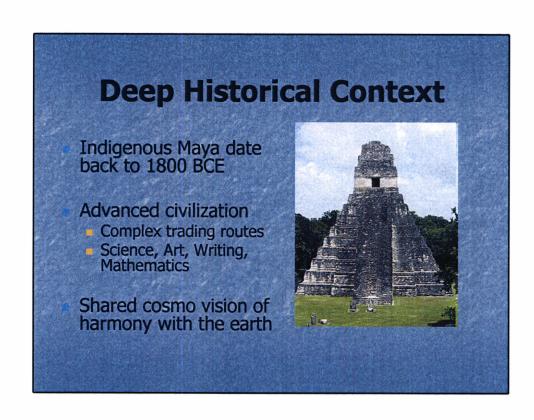
This project utilized a collaborative process, applying Leininger's theory to incorporate emic (insider) and etic (outsider) perspectives in designing, delivering and evaluating education provided for health promoters. The teaching and learning process included classroom experiences, participatory exercises, and creation of teaching materials for use in local communities. Formal classes were followed by visits to selected villages to support the health promoter within their own context as they applied their learning.

The yield from this project has been multiple enduring relationships which honor and incorporate indigenous ways of knowing to promote health. Another yield has been the development of an ongoing program which invites and includes Guatemalan teachers and mentors as well as resources from Minnesota in the form of teachers, materials and scholarships.









Guatemalan History

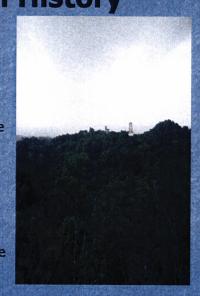
Spanish Conquest & colonization (1524-1821)

Long history of oppression for indigenous peoples by the government, the church and wealthy land owners

36 year civil war with genocide of the indigenous peoples

- >150,000 killed,
- >40,000 disappeared,
- 400 villages destroyed and
- over a million displaced persons.

Peace Accords signed in 1996 >60% of the population live in severe poverty today



ILAG La Iglesia Luterana Agustina de Guatemala Led by B



Led by Bishop Padre Horacio Castillo and his family

18 faith communities in urban and rural Guatemala. Most are resettled refugees

Primarily communities of indigenous farm workers

Few health care resources

Health concerns described by ILAG communities

Intestinal Diseases

Asthma and Respiratory Infections

Malnutrition/Dehydration

Skin Diseases

Arthritis

Fevers

Headaches

Sadness

Accidents

Malaria

Poor sanitation



Purpose of DNP Project

Co-create a health promotion program within ILAG which seeks to decrease the burden of illness at the local level among indigenous communities.

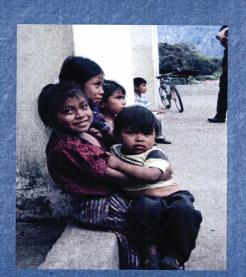


Partnership of the ILAG Health Ministry and St Paul Area Synod (SPAS)

Accompany communities in the struggle to lessen the burden of illness.

Collaborate with the ILAG ministry team and the health promoters to strengthen skills and knowledge to create healthy communities.

Co-Create with ILAG, SPAS and health promoters a network of relationships which promote community- based health initiatives



A Different Yield: Working with Indigenous Health Promoters

Mayan cosmology believes that balance is the goal of life and when one is out of balance, physically, emotionally or spiritually, there is illness, distress, disagreements and harm to the earth

(Fidel Xinico Tum, personal communication, 03/08/2011)

Dimensions of Health

Environment

Viewed as sacred, interdependent with all life.

Energy

Viewed as everywhere, always present in creation.

Culture

Viewed as giving identity, community, belonging and meaning.

Spirituality

View life as spiritual. Prayer and rituals link people to one another in the earthly life and the spirit life after death

Goals of Health Promoter Training

Incorporate multiple ways of knowing including bio-medical and indigenous concepts of health, illness, and healing, utilizing numerous strategies for treatment and prevention

Establish focus on public health and primary prevention to improve health at a local level (Esteva, & Prakash 1998)

Develop and Nurture partnerships within Guatemala for long term support of health promotion in each community with local leadership from within community.

Benefits of becoming a Health Promoter

Contribute to the health of their own community

Join a network of support and connection among health
promoters

Develop useful skills of assessment, care and teaching Recover Mayan wisdom in healing

DNP work in Project Exploring SPAS trip in 2007 with ILAG Began planning Began Health Ministry in 2007 with ILAG Pastoral Team Gathered ideas Survey of ILAG communities 1/08 Fund Raising Grants from Global Health Ministries (GHM)x3 years, Donations Organized SPAS Health Task Force, collaborate with members and prepare class materials

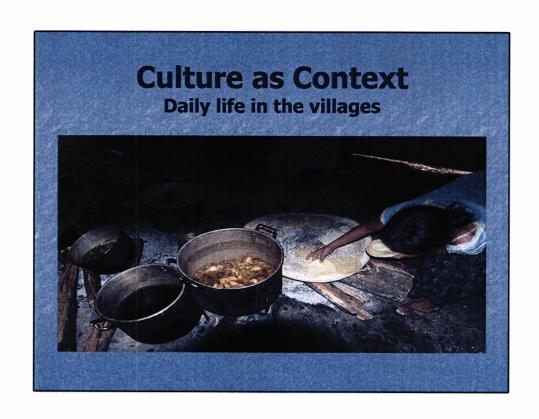
First Health Promoter Training 7/08

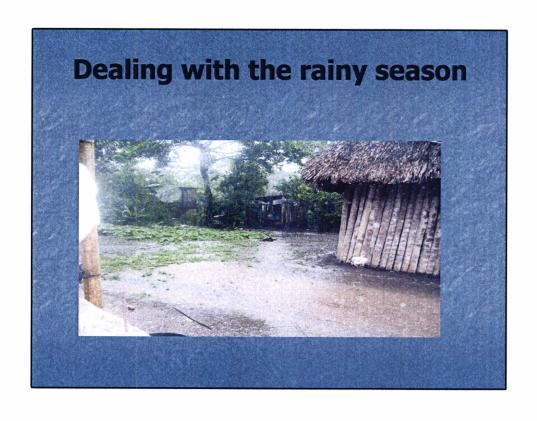
Training 2x 2009, 2x 2010, 3x 2011

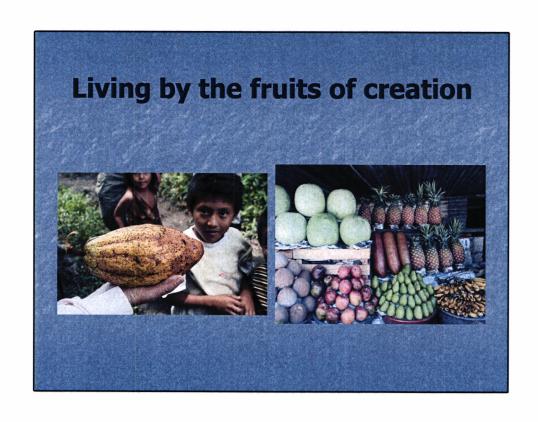


Began classes

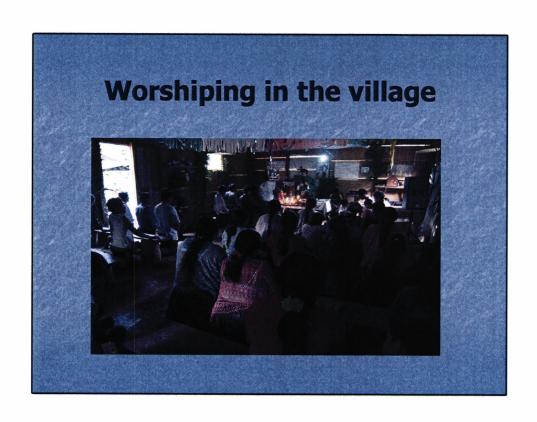
Ongoing classes

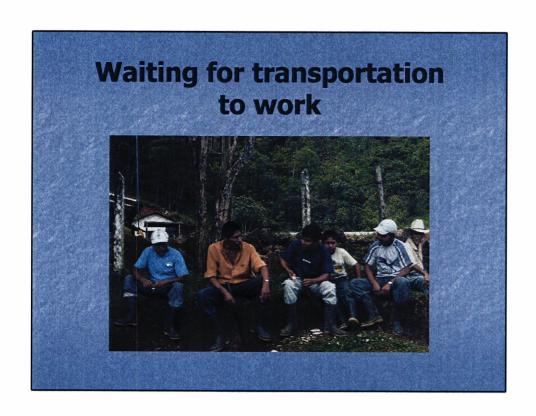












Conceptual Framework:

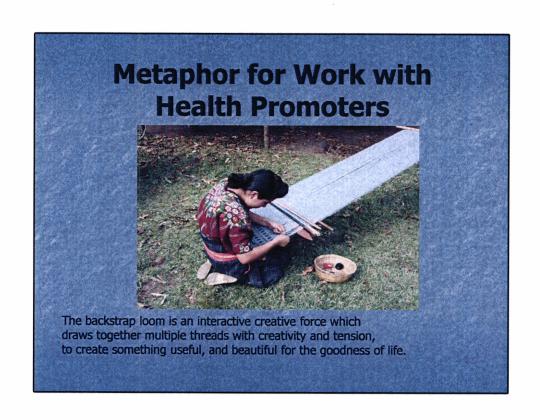
The Metaphor of Weaving

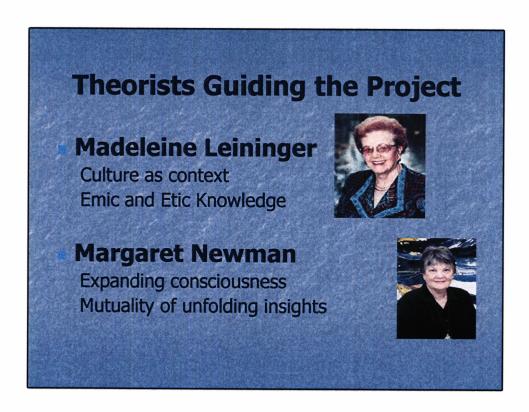
Warp: Context of Guatemala

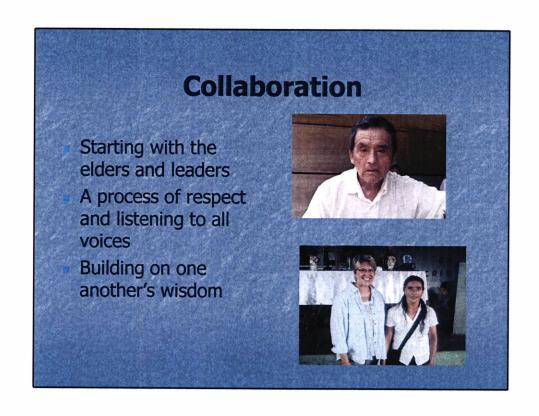
Weft: Threads of

Collaboration Community Healing Accompaniment



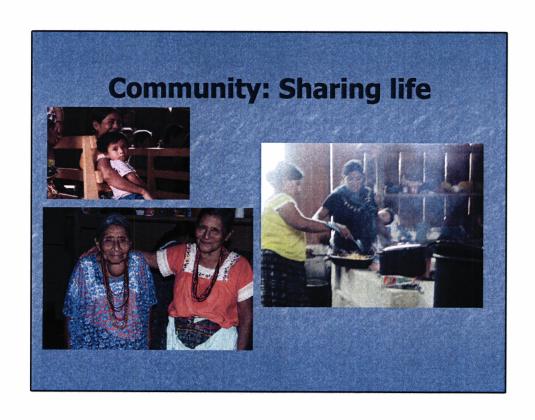




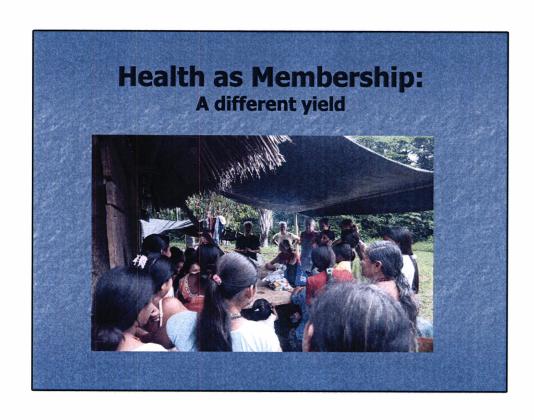












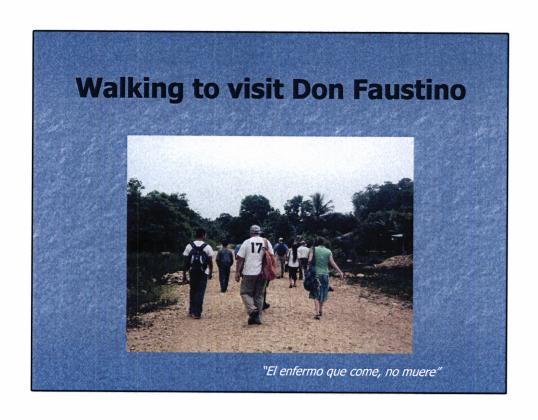
Healing

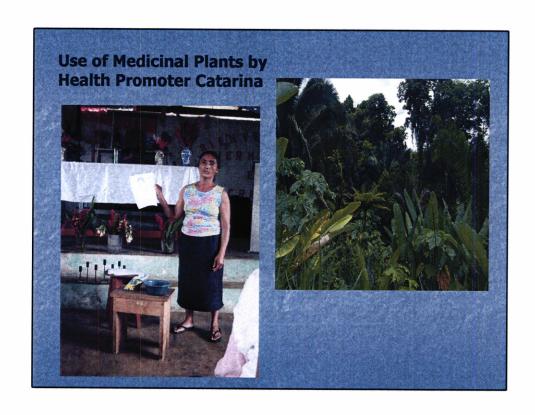
Healing "the return toward the natural state of integrity and wholeness.." (Dossey, Keegan, Guzzetta, 2000, p6).

Healing occurs in many ways

- Western biomedical model favors science-based medicine for treatment of illness
- Indigenous cultures hold a more integrative model of mind/body/emotions and spirit dialogue for healing (McCabe, 2008).

Rituals are healing (H.Anderson, 2010)





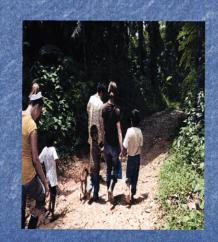
Accompaniment

"What if we walk together?"

Listening, learning, supporting, mutual respect and commitment

(K. Anderson, 2003)

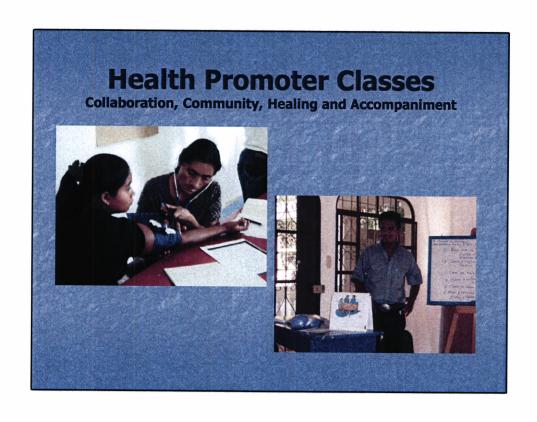
Sharing stories and dreams, working for greater well being

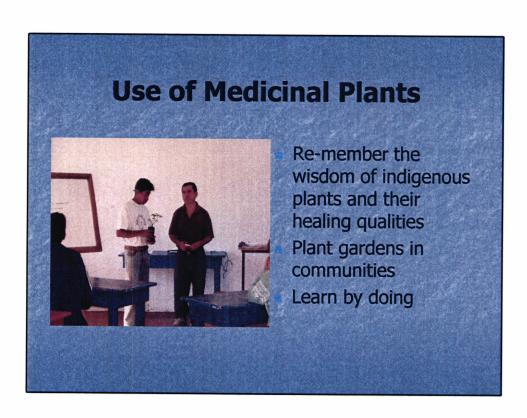


Accompaniment



- Walking with Angelina Staying in her home, on a "board-bed" Visiting her mother's grave deep in the forest
- A different yield





Yield of the Project to date:

14 communities 20 different HP Usual class size = 10 Collective planning for classes

- Dics:
 Basic Anatomy & Function Primary Prevention of illness
 Sanitation
 Hand washing First aid
 Medicinal Plants
 Family Planning
 Wound care
 Nutrition/hydration
 Role of the Health
 Promoter

Materials provided for use in communities **Evaluation processes** Engagement of SPAS, GHM, ILAG and HPs >\$17,000 raised for HP work and education



A Different Yield

Mystery is everywhere (illegible)

Take small steps

Each class, each health promoter, each community has change my thinking

Favor reversibility

With some experience, new ideas are added, some are stopped

Plan on surprises

Trust in the students and the communities to give leadership

Plan on human inventiveness

These students are full of metis of their own!

(Scott, 1998, p345)

