

Honors Research Prospectus: An Investigation into the Locus of Control concerning
Hispanic Women in the Health Care Setting

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ABSTRACT

I will conduct an investigation into the locus of control concerning Hispanic women in relation to the health care setting. The purpose of this project is to gain a more comprehensive understanding of what it is like to be a Hispanic woman in the health care setting. A focus will be on the locus of control and the cultural implications surrounding this issue. Conducted through primarily the qualitative method, this study will consist of a specific series of open-ended questions. I chose this method because the open-ended questions will allow the women the freedom to share their personal experiences. The personal interviews will be recorded with a tape recorder. The recorded conversations will be secured and the interviewees will not be able to be identified via personal information. This is the most effective and efficient manner to collect the kind of data I will investigate.

The collection and analysis of these data will be beneficial to those seeking to understand more about women in the Hispanic culture within the field of nursing. Holistic nursing depends on the treatment and healing of the physiological, psychological, sociocultural, developmental, and spiritual aspects of a person. If utilized correctly, an increased understanding of the Hispanic culture within health care can treat multiple variables. The locus of control is unique for each individual. Within the Hispanic culture, the power within the locus of control stereotypically resides with those of the male gender. Within nursing, it is my hope that the results of this study will have the potential to guide nurses in more effective and efficient ways to holistically treat Hispanic women concerning their individual loci of control.

This study will also contribute to my personal career preparation in primarily two ways. First, it will continue to satisfy my personal curiosity through investigating three things I am incredibly invested in: Nursing, the Hispanic culture, and loving people. Second, it will benefit my nursing career by providing me with an increased awareness of the gap between my native culture and the Hispanic culture. It is only through increasing my awareness of the differences present that I can take measures to reconcile them. All of these efforts ultimately originate from an intense desire to love my sisters in Christ and the drive I possess to discover all the means through which I can serve them.

LITERATURE REVIEW

For years, women in the Hispanic culture were indoctrinated with the concept of male dominance. Only in recent years that Hispanic women discovered the possibility of overcoming some of the stereotypes in which they were placed. Some studies have been conducted exploring Hispanic women and the locus of control. However, this study will investigate the locus of control of Hispanic women seeking healthcare in a clinic in southern Ohio.

Unlike some changes, a shift in the affinity of male dominance within a culture is projected to be incredibly time-intensive. In order to have a lasting effect on the culture, a slow infiltration of the idea of the empowerment of women must permeate all areas of thinking to become as inculcated as that of male dominance today. Results from a study by Hudson and Watts (1994) reveal that 75 % of the women in the study claimed to make the health care decisions for the family. However, 14 years later, this concept is still being studied.

Only within the context of the culture can the empowerment of women effectively occur. A strong background of understanding common themes is vital to have within this culture to effectively identify the motivators of decisions. A detrimental consistency within the Latino cultures is male machismo, as reported by Moreno (2007). A driving factor of the increase in HIV/AIDS among Latinos is a conflict within the cultural norm of machismo (Loue, Cooper, Traore, & Fiedler, 2004). This conflict could be due to the clash between male dominance and the desire for female independence. Research performed by Amerson and Burgins (2005), Collins, Gullette, & Schnepf, (2004), and Buki (2007) focused on communication techniques between health care professionals and Latino clients. Unity within the Latino culture was proven to be incredibly instrumental in promoting health care, as evidenced by research performed by Weinman, M.L., & Smith (1994), Patton (1995), McFarlane (1996), Sarnoff, Adams, Shauffler, & Abrams (2001), Schlickau, & Wilson (2005), Dogan-Ates, & Carrion-Basham (2007). Once synthesized, this background information is critical to offering a more comprehensive view of the particularities of a certain culture. Then once identified, research can be efficiently and effectively conducted.

If one is a good steward of the resources presented, one would draw on all knowledge presented to devise a study which will ultimately benefit the culture studied. Over time, literature and scholarly journals have touched on areas of influence in regards to women empowerment and the locus of control concerning health care; however, this study will investigate this further.

REFERENCES

Common Perceptions of Health Care

Fryer, G.E., Green, L.A., Vojir, C.P., Krugman, R.D., Miyoshi, T.J., Stine, C., & Miller, M.E. (2001). Hispanic versus white, non-hispanic physician medical practices in colorado. *Journal of health care for the poor and undeserved*, 12(3), 342-351.

This article addresses the relationship between Hispanic and non-Hispanic physicians and their relations with their clients. It was found that Hispanic physicians spend more time than the non-Hispanic physicians in direct care, was more likely to have a primary care specialty, and was less often specialty board certified than the non-Hispanic physicians. The time spent with the clients compared between the two groups of physicians is interesting to my research. Perhaps in addition to a closer identification culturally, the Hispanic physicians may be preferred because of the extra time spent with the clients.

Gentry, K., Quandt S.A., Davis, J.G., Grzywacz, J.G., Hiott, A.E., & Arcury, T.A. (2007). Child healthcare in two farmworker populations. *Journal of community health*, 32, 419-431.

This article is about a study of the health care given to two populations of Latino farm workers' children. The populations were from western North Carolina and western Virginia. The mothers' satisfaction levels and the health care received were compared to extract common themes. This study found that differences between the two populations revealed dissatisfaction with the care that was received, difficulties with transportation, and that the common perceptions were that healthcare staff members were disrespectful. The common perception of healthcare staff attitudes is important to my research.

Warda, M.R. (2000). Mexican americans' perceptions of culturally competent care. *Western journal of nursing research*, 22(2), 203-224.

This article addresses the question of the most effective way to deliver safe and optimal care to clients of different cultures. The interviews focused on Mexican American registered nurses and Mexican American recipients of health care. Subjective perceptions of health care and the delivery of it were examined. Themes that were consistent throughout the interviews were the importance of respect, caring, understanding, and patience concerning health care and Hispanics.

These themes may help me better understand underlying themes I may discover in my research.

Communication Barriers

Amerson, R., & Burgins, S. (2005). Hablamos español: Crossing communication barriers with the latino population. *Journal of nursing education*, 44, 241-243.

Communication barriers exist between any two people of different cultures. This article investigates the possibility of giving the opportunity for nursing students to learn Spanish that would be applicable to their field of nursing. These students and the education they received were studied and assessed through qualitative analysis. This concept is incredibly close to my heart and it is the basis of my research. I believe that this is a very opportune avenue through which Christian scholarship may be pursued.

Buki, L.P. (2007). Reducing health disparities: The perfect fit for counseling health disparities. *The counseling psychologist*, 35(5), 706-715.

This article investigates the possibility of counselors taking different roles in relation to their Hispanic clients. In the context of the treatment of cancer, the roles were acting as a staff trainer and consultant, and a patient and community health empowerment coach. Also, roles such as patient advocate, public policy analyst, health counselor, psychotherapist, and researcher were explored. This could be an avenue through which marginalization can be diminished. This may be an avenue through which the disparities between cultures may be bridged.

Collins, A.S., Gullette, D., & Schnepf, M. (2004). Break through language barriers: Is your pain assessment lost in translation? *Nursing management*, 35, 34-38.

Discrepancies have been found between the English and Spanish languages concerning pain assessment. Hispanic clients have a right to appropriate medical treatment based on their level of pain and diagnosis. Unfortunately, many of these clients have not been receiving the appropriate care. Many tools have been developed recently to increase the appropriate levels of care. Increased communication that enables the health care provider to effectively and efficiently communicate with the client is essential to provide quality health care.

Valdez, R.B., Giachello, A., Rodriguez-Trias, D., Gomez., P., & Castulo de la Rocha.

(1993). Improving access to health care in latino communities. *Public health reports*, 108, 534-539.

This report calls attention to the increasing need for healthcare that is accessible to Latino clients. Growing concerns were the lack of health insurance coverage and how low family incomes were related to the frequency of health care obtained. There are also increasing issues with communication. The failure to communicate effectively decreases the opportunity to offer effective health care. Solutions reside in modifying governmental and institutional policies, restructuring the delivery system incentives, and increasing the amount of providers who are culturally competent to offer adequate health care to Latino clients. This article investigates some fears Latino clients may have when considering health care.

Cultural Norms

Benavente, G.S. (2001) Si dios quiere: Cultural beliefs of the mexican-american impacting secondary prevention. M.S. dissertation, The University of Arizona, United States -- Arizona. Retrieved October 24, 2008, from ProQuest Nursing & Allied Health Source database.

An investigation into secondary prevention activities by Mexican-Americans was conducted. Leininger's (1991) conceptual model of Cultural Care and Diversity was used. Results revealed strong faith in God's will, which could explain why some Mexican American's postpone seeking treatment when ill. Three cultural themes became evident during this investigation: support originates from multiple sources within the Mexican-American family, there is a strong faith in God's Will to help the family deal with the consequences of illness, and knowledge about the disease does not constitute a change in behavior. A basic comprehension about the influence of some Mexican-Americans' faith is vital to understanding interactions between individuals and decisions made within the context of this culture.

Byrd, T.L., Mullen, P.D., Selwyn, B.J., & Lorimor, R. (1996). Initiation of prenatal care by low-income hispanic women in houston. *Public Health Reports*, 111(6), 536-

540. Retrieved October 24, 2008, from ProQuest Nursing & Allied Health Source database.

Hispanic women's perception of healthcare drastically affects the prenatal care course of action which they choose to pursue. This study suggests that women who believe that there were many barriers to care delay seeking a course of action early in their pregnancies. This included long waiting times, embarrassment during the physical examination, and a lack of transportation. On the other hand, Hispanic women who believed that there were more benefits to care initiated care earlier in their pregnancies. It is vital for those outside of the Hispanic culture to understand the origins of these hesitations before the providers are able to offer quality health care.

Dogan-Ates, D., & Carrion-Basham, C.Y. (2007). Teenage pregnancy among Latinas.

Hispanic journal of behavioral sciences, 24(4), 554-569.

Two groups, separated into nonpregnant/nonparenting and pregnant/parenting, were studied via the quantitative method to evaluate the factors which influence a teenager's choices associated with teen pregnancy. There three protective factors which were analyzed, as well, were the individual, family, and extrafamilial. The findings stated that the nonpregnant/nonparenting teenagers were typically those who received higher grades, possessed career aspirations, lived with biological parents, had more parental monitoring, participated in extracurricular activities or religious services, and had friends who supported them in maintaining conventional behaviors. Perhaps Latina girls who had more of these factors were less likely to participate in dangerous behaviors because they felt as though they had more control and support in their lives. It is possible that extrafamilial influences can begin to empower women as young as teenagers to discover who they are and take control of their lives.

Iniguez, E., & Palinkas, L.A. (2003). Varieties of health services utilization by

undeserved mexican american women. *Journal of health care for the poor and undeserved, 14(1), 52-69.*

This article explores the statistics of a population of Mexican American women at a primary care clinic in California. Many had not had an annual physical examination in the past year, and a majority reported seeing a doctor only when they were sick. Also, other factors such as a low education, dissatisfaction with primary care delivery, and cultural preference for traditional cultural alternatives was important. This study discovered these barriers, but further research should

be performed to better serve clients. The recognition of these barriers and perceptions is vital, but addressing them is even more important. I am hoping to begin to find bridges to these gaps through my research.

Larkey, L.K., Hecht, M.L., Miller, K., & Alatorre, C. (2001). Hispanic cultural norms for health-seeking behaviors in the face of symptoms. *Health education & behavior*, 28(1), 65-80.

This article addresses the factors that contribute to the delayed use of medical care among Hispanic men and women when symptoms related to chronic diseases. It was found that, typically, those who seek medical care quickly are those who experience more serious symptoms. Faith in God, the seriousness of the symptoms, past experiences, practical barriers, and emotional avoidance are related to the frequency of doctor visits. This article is significant to increase understanding of the various factors associated with frequency and the quality of visits completed.

Moreno, C.L. (2007). The relationship between culture, gender, structural factors, abuse, trauma, and HIV/AIDS for Latinas. *Qualitative health research*, 17(9), 340-352.

A general understanding of the cultural implications contained within the culture being studied is immensely important. Completed through the method of qualitative analysis, this study examined a population who had a risk of contracting HIV and intimate partner violence. The four themes which emerged were a history of trauma, living with HIV, vulnerability, and luck. The cultural factors of fatalism and machismo greatly influenced the decisions these Hispanic women made. Through the knowledge of these cultural factors, the researchers can then endeavor to approach this issue with a more complete understanding.

Sarnoff, R., Adams, E., Shauffler, H., & Abrams, B. (2001). Latino immigrants: Disparities in reported prenatal care advice from health care providers among women of Mexican origin in California. *Journal of immigrant health*, 3(2), 77.
Retrieved October 24, 2008, from ProQuest Nursing & Allied Health Source database.

A comparison between U.S.-born women of Mexican descent and Mexican immigrant women revealed that the traditional protective barriers placed around Mexican immigrant women is more beneficial to the outcome of pregnancy. The disparity in health behaviors between these two groups of women was explained by the social network supporting Mexican immigrant women, compared to the less supportive network formed around U.S.-born women of Mexican descent. Immigrant women were more able to recall the teaching related to prenatal counseling regarding smoking, alcohol consumption, and diet. This study encourages the importance of a social network support, especially in the Mexican culture.

Weinman, M.L., & Smith, P.B. (1994). U.S. and mexico-born hispanic teen mothers: A descriptive study of factors that relate to postpartum compliance. *Hispanic journal of behavioral sciences, 16*(2), 186-194.

Research in this study centers on the factors related to postpartum care compliance among Hispanic teens. Only 17.3% of teenagers returned for their postpartum care from the original study group. Findings revealed that teenagers who returned for care had no reported educational plan, had a preterm or infant who passed away, and had no prenatal care. However, a commonality among them was that many were married. This study encourages medical services to concentrate on support systems and an understanding of cultural norms to better serve this population group.

Relationship between Provider and Client

Crawford, L.H. (1994). Linkages between the health care system and mexican-american migrant farm workers. Ph.D. dissertation, Georgia State University, United States -- Georgia. Retrieved October 24, 2008, from ProQuest Nursing & Allied Health Source database.

This dissertation examined the perception of the performance of the health care systems on both large and small scales in regards to Mexican-American migrant farm workers in Georgia. Two groups were studied: One was a control group and another was of Mexican-American migrant farm workers. The first group found that the cost of services and the waiting time for appointments as the most frequent problems of accessibility to health care. The migrant farm workers found that eligibility requirements and the treatment by the staff as the greatest barriers to health care. The results of this study indicate that more care needs to be taken

to foster healthy and effective relationships between minority groups, specifically that of the Mexican-American migrant farm worker.

Dowdall, S.M., Flores, A.R., & Tapley, K.E. (1999). Culturally congruent care:

Predictors of patient satisfaction among adult mexican americans. M.A.

dissertation, The University of Texas - Pan American, United States -- Texas.

Retrieved October 24, 2008, from ProQuest Nursing & Allied Health Source

database.

This study concentrated on the satisfaction of hospitalized adult Mexican American patients. Patient satisfaction was determined by the Patient Satisfaction Inventory (PSI). Offered in both English and Spanish, the questionnaires investigated the patients' perception of culturally sensitive nursing care within the facility. Both the level of acculturation and the ethnicity of both the patient and the nurse were not found to increase nor decrease the level of patient satisfaction.

Llewellyn, J.C. (1997). The degree of usual provider continuity for African and Latino

Americans. *Journal of Health Care for the Poor and Underserved*, 8(2), 170-185.

Retrieved October 24, 2008, from ProQuest Nursing & Allied Health

Source database.

The focus of this study investigates the provider-patient relationship between Latino Americans and their physicians. Completed in 1987, this study revealed that Latino Americans had a higher continuity of care with their regular physician than white or African American patients. They were more dedicated to following their health care regimen. This relationship reveals the affinity of Latino Americans towards investing in their health care. Focus needs to rest on adequate access to health care and to the nature of the patient-provider relationship.

Mayo, R.M., Sherrill, W.W., Sundareswaran, P., & Crew, L. (2007). Attitudes and

perceptions of hispanic patients and health care providers in the treatment of

hispanic patients: A review of the literature. *Hispanic health care international*,

5(2), 64-72. Retrieved October 24, 2008, from ProQuest Nursing & Allied Health Source database.

The focus of this article is on analyzing the studies which have been previously published to offer a more comprehensive vision of the barriers which face Hispanic clients, today. Gathered from twenty articles, the common themes from clients revolved around communication, attitudes/perceptions, cultural competence, and the type of illness. The common themes from physicians revolved around communication/language barriers, perceptions of care, and differences in care/services. This article offers recommendations to comprehend and to ultimately increase the quality of health care offered to Hispanic clients.

Women and Locus of Control

Hudson, J.C., & Watts, E. (1996). Hispanic preferences for health care providers and health care information. *Health Marketing Quarterly*, 14(1), 67-83. Retrieved October 24, 2008, from ProQuest Nursing & Allied Health Source database.

Results from this survey in 1994 reported that 13% of 522 adult Hispanic interviewees in the Southwest used media as a main source of information for physician contacts, while 19% used media for information pertaining to health care services. Although possibly out of date, this article leads some insight into the past trends. This article also makes an intriguing report regarding the empowerment of women: Approximately 75% of the interviewees lived in a household where the mother made the health care decisions for the family. This observation lends to the recognition of women already gaining momentum in the Southwest as leaders of the family.

Loue, S., Cooper, M., Traore, F., & Fiedler, J. (2004). Locus of control and HIV risk among a sample of mexican and puerto rican women. *Journal of Immigrant Health*, 6(4), 155-65. Retrieved November 1, 2008, from ProQuest Nursing & Allied Health Source database.

The perceived locus of control related to Puerto Rican and Mexican women is investigated in this article. Increased incidence of HIV/AIDS among Hispanic women in the Unites States has been attributed to low levels of HIV knowledge, a denial or minimalization of risk, and conflicts with cultural norms. This study revealed that the perceived locus of control in a sexual relationship is found in the

male partner. Therefore, in order to continue the efforts to prevent HIV spread, the focus must be on the interactions between male and females within this culture. The root of this investigation is similar to the root of the study I would like to conduct.

McCabe, K.M., Goehring, K., Yeh, M., & Lau, A.S. (2008). Parental locus of control and externalizing behavior problems among mexican american preschoolers. *Journal of Emotional and Behavioral Disorders*, 16(2), 118-126. Retrieved November 1, 2008, from ProQuest Nursing & Allied Health Source database.

This research targeted the behavioral problems of Mexican American preschoolers whose families maintained external and internal loci of control. Some of the preschoolers were referred to the team to be researched. These children consistently displayed a more external parental locus of control. The other group of preschoolers was not referred to the institution and they consistently displayed less of an external locus of control but more behavioral problems, as well. This study revealed that Mexican Americans' beliefs about locus of control is very different from that of Caucasians and that the Mexican American parents feel as though they are able to maintain less control than desired. Implications suggest that the Mexican American parents are teachable concerning locus of control due to their desire maintain control of their children.

McFarlane, J. (1996). De madres a madres: An access model for primary care. *American Journal of Public Health*, 86(6), 879. Retrieved October 24, 2008, from ProQuest Nursing & Allied Health Source database.

Targeted towards mothers, this dissertation addressed the needs of mothers within the Hispanic community of Houston's NorthSide. Empowerment was based in unity among the women in the indigenous Hispanic community. Also, these women must be encouraged and titled as women who were a key part of health promotion within this community. The findings and common theme of unity as a manipulation tool through which women can feel empowered could be instrumental in giving guidance in my research.

Patton, S. (1995). Empowering women. *Nursing Management*, 26(8), 36. Retrieved November 1, 2008, from ProQuest Nursing & Allied Health Source database.

Community Health Aides were trained to teach and empower local migrant farm workers how to improve their health and the health of their community. The most important level which was stressed focused on was that of the community. Their goal was to provide support and resources for the farm workers, and then to train those farm workers to take ownership of their own health care. This article sheds light on the concept of involving the entire community and it is a great way to empower the community to take ownership of its own health care.

Schlickau, J.M., & Wilson, M.E. (2005). Breastfeeding as health-promoting behaviour for hispanic women: Literature review. *Journal of advanced nursing*, 52, 200-210.

This study focused on the act of breastfeeding among Hispanic women. The goal was to demonstrate the usefulness of the Health Promotion Model and to compile the evidence that breastfeeding as a useful practice. The findings revealed that breastfeeding was helpful when promoted through the constructs of acculturation, self-efficacy, and through a strong cultural support structure. This article is beneficial to my study because it demonstrates the success that has been had with merging healthy care practices and Hispanic women.

VanOss Marín, B. (2003). HIV prevention in the hispanic community: Sex, culture, and empowerment. *Journal of transcultural nursing*, 14(3), 186-192.

A serious issue exists between the pathology of HIV and the negative connotations associated with the disease. There are three main groups of people who this article identifies as the target of marginalization within the Hispanic culture: heterosexuals, women, and gay men. Interventions were suggested to empower these individual groups. It is possible that we could empower Hispanic women to rise not only above the stereotypes bestowed by the pathology, but by their culture, as well.

Vasquez, M.J.T. (2002). Latinas: Exercise and empowerment from a feminist psychodynamic perspective. *Women & therapy*, 25(2), 23-38.

Empowerment related to pregnancy is a common thread among researchers. This article, specifically, identifies exercise as being an effective intervention to improve overall health, decrease depression, anxiety, and the affinity to acquire other illnesses. A vital component which is coupled with increased physical health is the increased mental and emotional health that springs from a strong sense of self-worth. As women are empowered to take charge of their healthcare,

especially related to pregnancy, the door is opened to encourage them to take charge of their lives, as well.

Zambrana, R.E., Ell, K., Dorrington, C., Wachsman, L., & Hodge, D. (1994). The relationship between psychosocial status of immigrant Latino mothers and use of emergency pediatric services. *Health & Social Work, 19*(2), 93. Retrieved October 24, 2008, from ProQuest Nursing & Allied Health Source database.

This article examines mothers and the use of emergency services in regards to pediatrics. Findings reveal a pattern of delayed care for acute problems in pediatrics. The amount of access they have to biomedical knowledge, sociodemographic characteristics, the perception of the seriousness of the child's illness, the mother's psychosocial status, and the perceived barriers to health care all play roles in shaping the mother and consequently, the quality of care the child received. Many questions can be asked regarding the findings of this research. Steps should be taken in the future to investigate these factors and expand upon the relationship between them. In my research, I hope to investigate a few of the driving factors and how they relate to each other within the Hispanic population in Cincinnati.

PRELIMINARY REFLECTIONS ON FAITH AND SCHOLARSHIP

The beliefs that drive and motivate my actions are a result of how circumstances shaped me. One of these beliefs is a deep conviction that Christians have an innate responsibility to use our talents, spiritual gifts, and resources to glorify His kingdom. This conviction is borne out of my cognizance of the brevity of life and the urgency I feel to make the most of the time given to me. I become frustrated with individuals who allow these gifts to be wasted. I believe that God does not waste our lives, but there is a certain amount of responsibility on the behalf of the individual to utilize the gifts God gave. God grants us a limited amount of time on earth and the wise would take advantage of the time He does give.

This feeling of responsibility can manifest itself by being ignored or being acted upon. For the inquiring Christian scholar, the first is not an option. The second is the only option. The synthesis of the mind and a driving passion to use the gifts God gave results in a powerful force. This deep conviction to utilize the gifts God gave me is the driving force behind my desire to pursue a more challenging means of scholarship.

Scholarship is an interest that has developed over time. An intense curiosity is the second control I possess, and is more of a quality which has a strong influence on my scholarship. I work very hard for the grades I earn. It is a challenge for me to accomplish the things I accomplish in the area of scholarship. However, I do have a passion and an affinity for the biological sciences and for languages. Hence, I am studying Nursing and Spanish. I love asking questions of my professors and clinical instructors to synthesize large amounts of information into a usable and useful form.

The unique combination of Nursing and Spanish provides a number of avenues through which I can serve God with these skills. It will be a continual process of inquiring and collecting information, then synthesizing it into a practical form. My research project focuses on the holistic aspect of Nursing. I will be investigating the viewpoint of Hispanic women in regards to the health care system. My hope is to use scholarship to discover more avenues through which I can serve Hispanic people. Holistic care is also found in bridging the gap between the cultures of the parties involved.

When simplified, ministry is love. The third belief I hold is that investing in people and loving them are two of the most effective ways to serve my brothers and sisters in Christ. I love to spend time with people and to discover the condition of their

hearts. The desire to know more prompts discussions which involve passions, dreams, hopes, fears, and doubts. God has taught me more through these conversations and my inquiry of myself than all of the time spent in the classroom combined. Active listening is an effective and delightful way for me to serve and to love those with whom I am blessed to cross paths.

This love of active listening can be incorporated into faith-driven scholarship, as well. This is one of my goals for my research project. I want to discover more about the lives of the Hispanic women who are treated at this clinic. I want to become familiar with not only their medical concerns and the superficial aspects of their lives, but their passions, dreams, hopes, fears, and doubts, too. Through understanding their culture in fuller capacity, I can better minister to them and their families.

EVALUATION

As agreed upon by both the instructor and the student, the student will be evaluated as follows:

80%	Collection/Analysis of data
	Completion of tasks by appointed date as designated by syllabi
	Quality of final product
10%	Written
10%	Oral presentation

The goal of the project is to learn more about the research process; hence, the evaluation will be assessed according to the timeliness of the progress made. The quality cumulative project will dictate the final grade.