What perceptions do nurses and medical assistants have about low-income patients in Eau Claire?

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Study Objectives
Among nurses and medical assistants, our investigation measured their:
• perceptions of the importance of healthcare equity,
• attitudes and perceptions toward low-income patients,
• awareness of local resources to address needs of low-income patients, and
• practice in dealing with low-income patients.

Methods
Study Design
Using both original items and some items from pre-existing surveys, we designed a Qualtrics survey to measure the phenomena listed above. The surveys were distributed via email to registered nurses and medical assistants employed at a large clinic system in western Wisconsin, as well as undergraduate and graduate nursing students enrolled at UWEC. We also interviewed ten undergraduate nursing students chosen as a convenience sample to further investigate reasons for beliefs and values captured in the survey.

Results
Response rate
We received responses from:
• 22 UWEC graduate nursing students (29% response rate),
• 68 UWEC undergraduate nursing students (25% response rate), and
• 77 registered nurses (RNs) and medical assistants (MAs) from the clinic (17% response rate).

Of clinic respondents, 38 (55%) were RNs and 31 (45%) were MAs; 40 (62%) had associates degrees, 22 (34%) had bachelor’s degrees, and 3 (5%) had master’s degrees. Of the UWEC graduate nursing students, 100% were RNs, 86% of which had bachelor’s degrees, and 14% had master’s degrees.

Discussion
A sizeable minority of local RN, MA, and nursing student respondents do not believe healthcare equity to be important. This may be because they may not be aware of current definitions of “healthcare equity” that appear in the nursing literature; several students admitted in interviews that they don’t understand the term. However, it also suggests that some local nurses, MAs, and nursing students are unfamiliar with professional conversations addressing the importance of healthcare equity. Despite this unfamiliarity, the vast majority of respondents who are practicing nurses (clinical nurses and UWEC graduate students) have personally experienced the impact poverty can have on patients’ health. Yet the gap between the 78% of practicing (grad student and clinical) nurses who know of low-income resources and the 44% who usually or always take the time to recommend these resources to patients suggests that awareness of community resources may not be the biggest barrier to having nurses provide sufficient support for their low-income patients.

Another potential barrier may be respondents’ perceptions of the poor. That a third of respondents believe that the majority of low-income patients have many children, and 12% believe the majority of low-income patients to be lazy, suggest that among respondents there exist “individualistic” explanations for poverty: the idea that individuals have a great deal of control over their income situations and that living in poverty is largely due to individual choice. However, the third of respondents who believe that low-income patients are victims of a bad economy also hint that “structuralist” explanations—the realization that powerful economic, political, and cultural forces also affect the ability of some individuals to escape poverty—may influence the thinking of some nurse respondents.

Although there is obvious room for improvement in respondents’ awareness of the situations their low-income patients face, other factors may also be affecting their ability to care for their low-income patients. Sensitivity education to the issues of healthcare equity and structuralist explanations for poverty seem warranted; however, our results also indicate a need for further research to determine what other conditions—including clinic conditions that may fail to support nurses’ ability to recommend resources to low-income patients—might limit respondents’ ability to help low-income patients.

References
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