Vol.7 No.6:027

Nursing Care in Child Health Care Services

Carmelo Bourdon*

Department of Nursing, University of Ibadan, Ibadan, Nigeria

*Corresponding author: Carmelo Bourdon, Department of Nursing, University of Ibadan, Ibadan, Nigeria, E-mail: bourdon c@gmail.com

Received date: May 07, 2022, Manuscript No. IPJNHS-22-14081; Editor assigned date: May 09, 2022, PreQC No. IPJNHS-22-14081 (PQ); Reviewed date: May 23, 2022, QC No. IPJNHS-22-14081; Revised date: May 28, 2022, Manuscript No. IPJNHS-22-14081 (R); Published date: June 07, 2022, DOI: 10.36648/2574-2825.7.6.027

Citation: Bourdon C (2022) Nursing Care in Child Health Care Services. J Nurs Health Stud Vol.7 No.6:027.

Description

Self-care agency refers to the individuals' ability to recognize their needs to identify and perform self-care actions. However, the literature regarding the predictors of self-care agency among nursing students is limited. More specifically, the association between the dimensions of health literacy and self-care agency is lacking.

This study was conducted to investigate whether nursing students' health literacy predicts self-care agency. A cross-sectional design was used. A total of 178 nursing students participated in this study. The participants completed the Health Literacy Questionnaire and the Appraisal of Self-Care Agency Scale-Revised. Bivariate correlations and multiple linear regression (Enter method) analyses were performed.

Bivariate correlations revealed that the nine Health Literacy Questionnaire scales had moderate, statistically significant correlations with self-care agency (Pearson's r=0.31 to 0.46, p<0.01). Multiple linear regression analysis showed that the model was statistically significant: F(9, 168) = 8.19, p<0.001. The adjusted R2 was 0.268, meaning that the model explained 26.8% of the outcome variance (self-care agency).

The following scales (i.e., dimensions) of health literacy predicted more than a quarter of nursing students' self-care agency: "Actively managing my health," "Social support for health," "Navigating the healthcare system"and "Ability to find good health information".

Health Disparities

Health disparities are defined by the Centers for Disease Control and Prevention (CDC) as "preventable differences in the burden of disease, injury, violence, or opportunities to reach your best health" that are experienced by socially disadvantaged populations (Centers for Disease Control and Prevention, 2008). Sexual and gender minorities (SGMs) are recognized by the National Institutes of Health (NIH) as a health disparities population. Research reviewed in consensus study reports from the Institute of Medicine (now, the National Academies of Sciences, Engineering, and Medicine (Institute of Medicine, 2011; National Academies of Sciences, 2020) show that compared with heterosexuals, sexual minorities report higher rates of physical and mental health problems, such as substance use disorders, depression, suicidality, and cardiovascular

disease. Transgender people also report poorer health than cisgender people (those whose gender identity matches their assigned sex at birth) and have particularly high rates of psychological distress and suicidality. Reduction of health disparities is a fundamental goal of public health research and practice. Although there is evidence that educational interventions are effective in improving care for SGM people (Sekoni et al., 2017) and for the clear need for tailored evidence-based care, prevention, and treatment, this is lacking in most health care settings in large part due to the lack of attention to SGM health in health professions education (Institute of Medicine, 2011).

Faculty and administrative leaders in nursing schools have been slow to incorporate SGM health content into nursing curricula despite national recommendations (Bonvicini, 2017; McCann & Brown, 2018). The NIH, National Academy of Medicine, American Academy of Nursing, and National Student Nurses Association have each released statements endorsing efforts to increase education and research relative to SGM health (American Academy of Nursing, 2019; Institute of Medicine, 2011; National Academies of Sciences, 2020; National Student Nurses' Association, 2017).

National Nursing Health

The idea for a national nursing health summit to address these recommendations grew out of an informal conversation between Drs. Tonda Hughes (Associate Dean, Columbia University School of Nursing) and Ann Kurth (Dean, Yale University School of Nursing) at a meeting in San Francisco in 2016 and in subsequent conversations with Dean Eileen Sullivan-Marx (New York University) and Dean Bobbie Berkowitz (Columbia University). On November 9, 2017, an initial conference call with a small group of nursing deans and/or their designees furthered the discussion about a future nursing summit focused on issues related to SGM health. There was consensus that work is urgently needed to move the nursing profession forward regarding SGM health in all three aspects of the tripartite mission of schools/colleges of nursing (i.e., education, research, and practice). An in-person meeting to plan the Summit was held at Columbia University in March 2017, and included nursing deans from Columbia University, Johns Hopkins University, Long Island University, New York University, Rutgers University and Yale University. Students or other representatives

Vol.7 No.6:027

from Columbia University, Duke University, New York University and the University of Pennsylvania also attended.

Subsequently, the National Nursing LGBTQ Health Summit, held November 21 to 22, 2019, brought together nursing leaders in education, research and practice, and experts or stakeholders in SGM education, research, clinical care and policy to take the first steps toward creating a national action plan and unified nursing agenda to improve SGM health.

Although we used the acronym LGBTQ (i.e., lesbian, gay, bisexual, transgender, queer) in the name of the Summit—and in the title of this report—we use the terms sexual and gender minority and the acronym SGM throughout the rest of the report. SGM has been increasingly used over the past 5 to 10 years, especially following the establishment of the Office of

Sexual and Gender Minority Health in 2015 at the NIH, and the official designation of SGM people as a health disparity population for NIH research in 2016. As noted in the announcement of this designation, "The term SGM encompasses lesbian, gay, bisexual, and transgender populations, as well as those whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms." Thus, SGM is more encompassing and inclusive than LGBTQ, or LGBTQIA+, acronyms that are continuing to evolve and change.

Below we provide an overview of the literature focused on nursing education, research and practice related to SGM health, recommendations for the nursing profession, and a summary of the Summit and its outcomes.