

Latinx Nurses' Perceptions Of Caring For Latinx Patients During Covid

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Article

Abstract

Significant lessons were learned during the COVID-19 pandemic. The Latinx community experienced considerable losses during the pandemic, as healthcare workers stood on the front lines of defense during this devastating period in the U.S. They provided care to affected patients, navigated an overwhelmed and complex healthcare system, and subsequently became physically and emotionally exhausted. Building emotional connections with patients was often challenging due to their self-isolation, which limited physical contact and communication with nurses and family members. This study aimed to investigate Latinx nurses' perceptions of delivering person-centered care to Latinx patients during the COVID-19 pandemic in New York City, NY, USA. The research was grounded in the Modeling and Role-Modeling theory developed by Erickson, Tomlin, & Swain (1983), which enables nurses to care for and nurture each client while recognizing and respecting their uniqueness. An analysis of in-depth interviews with Latinx nurses revealed four core themes: Communication, Socialization, Fear, and Frustration. The insights gained from the experiences of Latinx nurses can be utilized to educate nurses from various cultural and ethnic backgrounds in providing care for Latinx patients. These findings can also inform nursing care policy development by considering nurses' perspectives on Latinx patients' healing processes, which include language, food, family, spirituality, and socialization. The insights can help healthcare workers understand and appreciate the cultural diversity present within the Latinx community.

Key Words: Role-modeling, Perception, Latinx Nurses, COVID 19, Communication, Socialization, Fear, Frustrations

COVID-19 emerged as a new infectious disease first reported in Wuhan, China, on December 31, 2019 ([Huan et al., 2020](#)). In the United States, healthcare workers were on the front lines throughout the COVID-19 pandemic, treating affected patients while navigating an overwhelming and complicated healthcare system. Maintaining emotional connections was often difficult, and patients suffered from self-isolation, limited physical contact, and restricted communication with family members and nurses. In New York, the Bronx borough recorded the highest COVID-19 rate among the Latinx population ([Office of the State Deputy Comptroller for the City of New York, 2021](#)). Health professionals have noted that the increased risk for COVID-19 in Latinx communities was due to long-standing socioeconomic issues such as limited economic opportunities, poor housing conditions, and strict immigration enforcement ([Macias et al., 2020](#); [Rodriguez-Diaz et al., 2020](#)). A study conducted by Cervantes et al. showed that the fear of unemployment, eviction, and deportation prevented many individuals from seeking testing and necessary quarantine when needed ([2021](#)). Consequently, immigrant Latinx individuals were particularly at risk for the disease because they were excluded from protective policies and hesitant to seek health and social services due to their undocumented status ([Ornelas & Ogedegbe, 2020](#)). Therefore, Latinx nurses recognized their critical role in addressing and preventing disparities in COVID-19 rates within Latinx communities, especially in advocating for and educating community members about accessing testing, treatment, and vaccines. Latinx nurses further emphasized the need for public health announcements regarding COVID-19 testing to be made in Spanish and for the community to be informed that vaccines were available at low or no cost and in their preferred language. Outreach and educational efforts with accurate messaging on how to prevent COVID-19 in Spanish for audiences with low literacy were crucial for effectively conveying the message ([Ornelas & Ogedegbe, 2021](#)). The severity of the disease impacting the Latinx community was partly due to a lack of information on how to protect themselves. Compounding the health crisis for them was the fact that many residents were essential workers reliant on public transportation to get to work and were unaware of the community's

susceptibility to contracting the disease. The pandemic created communication challenges for healthcare workers and families due to distancing and isolation. As frontline workers, Latinx nurses worked to foster and sustain a strong nurse-patient relationship, connecting through their Latinx cultural background.

Literature Review

The role of Latinx nurses in New York City in providing care for Latinx patients during the COVID pandemic was crucial in addressing these challenges. As frontline workers who identified with their patients' cultural backgrounds, Latinx nurses strived to foster and maintain strong nurse-patient relationships but were immediately hindered by the impact of COVID-19, as their patients were particularly vulnerable to the virus due to preexisting conditions such as asthma, heart disease, and obesity—conditions that increase the risk of severe COVID-19 cases ([Morgan et al., 2020](#)). Having Latinx nurses care for Latinx patients resulted in more patient-centered care, as recommended by the American Association of Nursing Colleges (ANCC) ([AACN, 2021](#)). The AANC emphasizes the importance of retaining nurses from diverse backgrounds in the workplace due to the increasing ethnodiversity of patients. A 2022 survey noted that nurses from minority backgrounds represent 20% of the registered nurse (RN) workforce. Considering racial backgrounds, the RN population is comprised of 80% White/Caucasian; 6.3% African American; 7.4% Asian; 0.4% American Indian/Alaskan Native; 0.4% Native Hawaiian/Pacific Islander; 2.5% two or more races; and 3% other nurses. In addition, 6.9% of the RN workforce report their ethnicity as Hispanic ([Smiley, 2023](#), p. 14).

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Galehdar et al. ([2020](#)) conducted a qualitative study that explored nurses' perceptions of caring for patients with COVID-19. They identified six main categories of care needs: psychological, quality improvement of services, physical, social, economic, and spiritual. To address these needs, the care provided must be comprehensive, involving healthcare staff and various supportive systems. Sandoval et al. also conducted a qualitative study to bridge the gap in the literature about the work experiences of Latinx nurses during the pandemic, which resulted in five key themes. One of these themes was the need for connection, described as “forming a bond with individuals” ([2024](#), p. 27). Other themes included personal touch, empathy, the need for family and friends, and having food as a healing process, which represents a way for patients to cope with the pandemic. This study corroborated some of the current findings while also highlighting additional elements influencing the relationship between Latinx nurses and Latinx patients. However, no studies have specifically explored how Latinx nurses discussed their relationships with Latinx patients during the COVID-19 crisis. Published research on the perceptions of Latinx nurses caring for Latinx patients during the COVID-19 pandemic has been limited. This research study offers insights into the sensitivity required in caring for Latinx patients living in NYC without adequate resources. Healthcare workers on the frontlines throughout the COVID-19 pandemic have faced challenges in delivering care and navigating an overwhelming healthcare system ([Cao et al., 2020](#); [Walton et al., 2020](#)). Overall, these studies underscored the limitations of current healthcare approaches and the necessity of understanding the specific needs of diverse populations. The Latinx nurses acknowledged the significance of culture, language, and human contact as vital for delivering personal and sensitive care. A gap in the literature fails to address the Latinx nurses' perceptions of providing person-centered care to Latinx patients ([Sandoval et al., 2024](#)). The aim of this qualitative study was to understand the perceptions and experiences of Latinx nurses in providing patient-centered care to Latinx patients during the COVID-19 pandemic crisis.

Theoretical Framework

This research was based on the theory of Modeling and Role-Modeling ([Erickson, Tomlin, & Swain, 1983](#)), which enabled nurses to care for and nurture each patient with an awareness of and respect for the individual's uniqueness. This type of care exemplifies theory-based clinical practice that focuses on patients' needs. Modeling and role-modeling integrate nursing theory into practice. The participants' goal in this study was to assist patients by integrating care and compassion while cultivating both scientific foundations for action and implementing practice in the art and science of nursing. “Modeling and role modeling states that people are holistic” ([Walsh et al., 1989](#), p. 756). The central concept of modeling and role-modeling is that all nurses understand the patient's perspective as they contracted and suffered from COVID-19 symptoms and were unable to communicate and express their suffering. As nurses, we also assessed patients who were struggling with isolation. The essence of the nurse's action was unconditional acceptance, positive regard, and facilitation in providing them with communication tools such as Zoom on phones, tablets, etc., thereby offering emotional nurturance. As a result, nurses transformed themselves by providing an intensive, interpersonal relationship with the patient. One implication of this theory was to focus on nurses' perceptions while caring for patients experiencing COVID-19 dilemmas. Therefore, patients' concerns preempted the nurses' identified concerns.

To gain insights into the patient's world, the nurse collected key information from patients and their families. The areas addressed by the nurse included how the individuals viewed their situation with COVID-19, their current and future expectations for recovery, their strengths, and their support systems ([Campbell et al., 1985](#)). Nurses engage in self-reflection

to identify actions that can enhance the hospital experience for their patients, their families, and themselves. Through this process, the nurses developed empathy and flexibility for patients who could not be with their family members due to the pandemic. The art of nursing involves listening and addressing pressing concerns. As a result, the nurse began to understand these issues within the modeling and role-modeling framework.

Methodology

A descriptive qualitative method and content analysis offered detailed insights into the experiences of Latinx nurses caring for Latinx patients during the COVID-19 crisis. The design of the study illuminated the perspectives of Latinx nurses in their care for Latinx patients throughout the pandemic. Additionally, the study provided an understanding of the nurses’ perceptions regarding their care for Latinx patients during this time. The research was guided by the question: “How do Latinx nurses perceive themselves in addressing the needs of the Latinx community during the COVID pandemic, and how can all nurses achieve cultural competency when caring for Latinx patients?”

Sample

A convenience purposive sample was used to answer the study's central question. Semi-structured interviews were conducted to collect data. These interviews were part of the study's implementation to address the central research question. The identified target population included working nurses during the COVID-19 pandemic. The study focused on Latinx Registered Professional Nurses caring for Latinx patients. Data saturation occurred after the seventh interview; therefore, no additional participants were recruited. See Table 1 for a description of the participants.

Table 1. *Participants’ Description*

Participants	Nurses’ self-ethnic identification	Level of Education	Years of experience as a nurse	Area of practice	The number of years working with Latinx patients
A	Hispanic	Master's degree	20 years	Public Health and Research	20 years
B	Hispanic	Bachelor's in Science	5 years	ER- Trauma/ Labor and Delivery	5 years
C	Hispanic-Dominican*descent	Bachelor in Psychology Master's in Mental Health Bachelor's in Science	4 years	ICU/ER Services	4 years
D	Dominican*/Hispanic	Bachelor's in Science	2 years	Surgical ICU	2 years
E	Hispanic	Master's in Science/ Nurse Practitioner	32 years	Pediatrics	32 years
F	Nuyorican**	Master's in Nursing Degree on physician assistant	30 years	Gerontology	30 years
G	Hispanic	Bachelor's in Science	25 years	Gerontology/ICU	25 years

*Born in the Dominican Republic
** Born in New York and parents from Puerto Rico

Data management and analysis

Open-ended questions served as a guide for the individual interviews. Prior to the interviews, two experts reviewed the interview questions. One expert was a professor and administrator at a Caribbean-based university, recognized for participating in multiple studies within the education field. The second expert was an executive professional working in one of the largest managed long-term home care programs in New York City, which provided services to frail and disabled adults.

She directed care in one of the areas covered by the home care program. The panel of experts received the problem statement, purpose, central question, target population, sample, sample size, and semi-structured interview questions. The expert panelists were asked the following questions:

1. Are the interview questions appropriate for the target population?
2. Will the interview questions generate enough pertinent data to answer research questions?
3. Do the interview questions help to thoroughly address the identified problem statement?
4. Comments or suggestions are welcomed

Due to the field test and recommendations from the experts, more questions were added to the interview while others were removed.

Due to the field test and recommendations from the experts, more questions were added to the interview while others were removed. The results of the field test showed that the interview questions were suitable for the target group, provided relevant data to address the research question, and tackled the identified research problem. The data collection method involved conducting an interview using the questionnaire as a guide. The open-ended questions and comments encouraged participants to share their experiences regarding caring for Latinx patients. The open-ended interviews lasted between 30 to 45 minutes. The semi-structured questions that guided the interview were as follows:

1. How do you describe your ethnicity?
2. What is your educational background?
3. How many years have you been a nurse?
4. How many years have you worked with Latin X patients?
5. What is your specialty (ICU, Ambulatory Care, ER, etc.)?
6. What population of patients do you serve?
7. How do you bring holistic - centered care to Latinx patients?
8. What resources were available to care for your Latinx population?
9. During the pandemic crisis, if you could have had access to any resource for your Latinx patients, what would you have asked for?
10. Describe your greatest challenge in providing holistic-person care to the Latinx population during the COVID-19 pandemic crisis.

Each interview was transcribed, and the Hyper RESEARCH qualitative analysis tool was used to manage the collected data. Data analysis began during the transcription of the interviews. The analytical method proposed by Graneheim & Lundman (2004) was employed to extract the meaning from the data units, which led to condensing the meaning of these units and the emergence of codes. This facilitated a comparative and inductive approach to the data. The codes were further condensed into subcategories, then categories, which resulted in themes (Graneheim & Lundman, 2004). The Principal Investigator (PI) and Co-Principal Investigator (Co-PI) conducted this process independently before collaborating and discussing until they reached consensus on the final four core themes.

Credibility

The comparative and inductive process provided an opportunity to compare the data of each interview. Each investigator in the study conducted their own comparative and inductive process after each interview, then they compared the categories and agreed on the information emerging from the data.

Transferability

The results of this study can be transferred to others as it applies to their own situation (Lodico, et al., 2006). The deep description of this study allowed readers to evaluate if the perception of Latinx nurses caring for Latinx patients during the pandemic applied to their experiences.

Results

An analysis of the data revealed four core themes:

1. Communication
2. Socialization
3. Fear
4. Frustration

Communication

Participants expressed barriers to communication due to the physical distancing requirements, personal protective equipment (PPE), and the high demand on nurses, which hindered their ability to spend time conversing with patients in Spanish. Latinx nurses noted that speaking Spanish with patients is a particularly important aspect of delivering quality care. Participant 6 described how her ability to speak Spanish was beneficial and advantageous, especially when patients were discussing health-related issues with their family members. She shared, "I was resourceful because I could communicate with the patients and their families, allowing them to better understand what was happening. I would call them on the phone and do FaceTime with them." Participant 2 noted, "When I speak to them in Spanish, they feel like they can express themselves completely, so their entire situation can be understood, which in turn makes the care more complete."

Another aspect of communication described by nurses as a barrier to patient care was the lack of COVID-related information that the government failed to disseminate to the Latinx population during the pandemic. Participant 3 stated, "I did not see commercials on Hispanic channels during that time. The news on the Hispanic channels my mom was watching featured funeral coffins and discussions that were laymen's opinions." This contributed to misinformation, confusion, and mistrust of the healthcare system. Participant 3 further noted, "Public announcements now seen on Spanish television came two years after the pandemic crisis." Participant 4 shared, "I was taking care of a 30-year-old who was pregnant, and she refused to take the COVID vaccine. As a result, she was exposed and then hospitalized. The pregnant patient arrived at the Emergency Room with shortness of breath, difficulty breathing, and on a nasal cannula. She was then intubated within an hour; she went through a lot. She was hospitalized for about three months, and the baby made it through too, but the baby was also in critical condition." This incident occurred because of the misinformation circulating during the pandemic regarding the use of vaccines and the COVID-19 disease.

Socialization

Participants indicated that part of the care for Latinx patients involved providing opportunities for socialization through supporting family visits and nurses engaging in conversation, holding patients' hands, and joking with them. Throughout COVID, holistic care was attempted by Latinx nurses; however, these nurses struggled to provide it. Participant 2 reported, "I don't really rely on any other resource other than my understanding of the language, our culture, and very typical family dynamics within Latin culture." Having people around them is integral to the healing process for Latinx patients, a situation that was limited during the pandemic. Participant 6 described the following regarding visitation restrictions: "Then they (Department of Health) said no more visitation. So, we had to resort to FaceTime and video chats and things like that. For those who were underserved and didn't have phones, it created another challenge." Participant 7 stated, "A lot of patients wanted their families to know about them. They want to see them clearly, and we started using the iPad, but this was not enough." The Latinx nurses also conveyed their frustration with the inability to spend more time with patients, even to sit with them as a means of empathy and support. This was exceedingly difficult. Participant 7 expressed, "But it was also hard for me because I'm used to being touchy-feely, talking; I'm that type of person, and I wasn't able to do that. And I'm still not able to, like I used to. It's really hard." This aspect of socialization, regarded as person-centered care, is a significant part of the care traditionally provided by Latinx nurses to Latinx patients.

Fear

Participants feared being infected with the virus and becoming positive when they entered a patient's room. Therefore, time spent with patients was intentionally limited. Participant 3 described, "Whenever we had a patient that was COVID like nobody wanted this patient ... no one wanted this patient! So, we were just, you know ... honestly, nobody wants to deal with this patient because we didn't know how to". Participants stated that their fear stemmed from not knowing how to treat this disease. Participant 3 also stated, "One day they'll (Department of Health) will be like, no, you don't have to use this and then revert their statements, especially during the mess at the beginning when they were making us reuse the PPE. The lack of hospital equipment such as N95 and gowns that were reused, prevented nurses from giving appropriate care due to fear of being contaminated". Participant 2 described "This is crazy and like we're going to die. Like we are all going to die. So, if you

don't want this, avoid a patient with COVID. We couldn't do our job. We were just so focused on not getting sick.” The fear of becoming ill, along with the risk of taking COVID back home to family members, or even dying as a result of being infected, limited the Latinx nurses in providing person-centered care as they had done prior to COVID-19.

Frustration

Participants expressed frustration and sadness that they could not do more for the Latinx patients and their families. Latinx nurses value their ability to understand the nuances of the culture concerning how spirituality and family are part of the healing process, as well as how being able to speak in one’s primary language provides Latinx patients comfort and reassurance that they will be cared for with their specific needs in mind. Latinx nurses expressed and placed value and satisfaction in being able to provide patient education in Spanish because the patients will have a better opportunity to learn to care for themselves in the community. Due to a lack of equipment and being overwhelmed by work assignments, nurses could not provide patients with spiritual support or COVID-19 education due to fear of being contaminated with the virus. Participant 3 stated “You weren't able to provide education or provide spiritual support and that would have been nice.” Participant 5 describes how access to a variety of food and engaging family members are important to Latinx patients’ healing process. The participant knew this was important to her patients but also understood it could not be allowed due to constraints in treating the disease. Participant 5 stated “Families bring food for the loved ones because sometimes they don't like the food that was being served. So that was very limited due to COVID. We would not allow them to bring food from the outside because it became another infection control issue. We know as Latino, food is very important to us, as well as family for the healing process.” Participant 7 stated, “Spanish people normally come up to me and we talk, we laugh, we do all kinds of, you know, those Latino nuances, they understand me, and I'm understanding them, and then during COVID they (patients) have to stay on their side, and you're bound up with the PPE, and you're not able to really have that communication with the patient, or have that laughter or whatever because everything is so serious.” Latinx nurses were frustrated and felt guilty about not being able to spend more time by the bedside of their Latinx patients.

Discussion

This qualitative study provided an understanding of the perceptions of Latinx nurses delivering person-centered care to the Latinx community during COVID-19. The results focused on the Latinx nurses’ views on providing person-centered care and cultural sensitivity during the pandemic in New York City. The study offered new insights into the values affecting Latinx nurses as they serve the Latinx population during COVID-19 and their responses in culturally sensitive situations, particularly when many patients were treated for life-threatening illnesses. The findings reinforced the understanding that Latinx nurses are not a homogeneous group, contrary to common belief ([Camarillo & Bonilla, 2001](#)). There are numerous subcultural groups within the Latinx community, and issues identified in the literature included the burden of being seen as the “voice” for all Latinx individuals ([Doutrich et al., 2005](#)), despite the diversity among cultural groups within the Latinx community.

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This study also provided valuable insight into Latinx nurses’ perceptions in the evolving context of COVID-19, particularly how they define their role within the Latinx community. The rich descriptions provided by the participants shed light on the experiences of Latinx nurses and their contributions during the pandemic in that community. The value of Latinx nurses is evident in their innovative approach to care, which includes a deep understanding of patients’ cultural backgrounds, prioritizing and facilitating family communication at the bedside when possible, and quickly identifying patients’ needs and desires. Often, the greatest support Latinx nurses can offer to their patients is the ability to speak their language, understand their lived experiences outside the hospital, and provide compassion and solidarity during the COVID-19 pandemic ([Sandoval, 2024](#)). Latinx professionals played a critical role in addressing and preventing disparities in COVID-19 rates within Latinx communities, particularly by advocating for and educating these communities ([Sandoval, 2024](#)).

Existing literature indicates that communication with patients was hindered during the COVID-19 pandemic, with non-English speakers facing particularly significant barriers ([Pariseault et al., 2022](#)). This qualitative study draws on firsthand experiences of Latinx nurses during the COVID-19 pandemic, emphasizing the importance of understanding the needs of Latinx patients. A key finding highlights the essential role of Spanish-language communication in facilitating effective patient care. The participating Latinx nurses elaborated on how their fluency in Spanish fostered a sense of relief and trust among patients, ultimately contributing to the development of stronger therapeutic relationships.

Since the pandemic, healthcare workers have remained at risk for stress and emotional breakdowns. Furthermore, this study explored and provided an understanding of how Latinx nurses perceived their role as neighborhood care providers and how, during the COVID-19 crisis, their role in providing person-centered care to their Latinx patients changed. The experiences the

Latinx nurses described can be used to assist nurses caring for Latinx patients, healthcare institution administrators when addressing new or changing policies, and nursing educators in preparing future nurses.

Implications for Practice

The results of this study can be used to educate nurses from various cultural and ethnic backgrounds in caring for Latinx patients. Additionally, it may influence the development of nursing care policies regarding nurses' perceptions of what constitutes patient healing, which includes language, food, family, spirituality, and socialization. For instance, holding a patient's hand is a crucial aspect of the nurse's role in the healing process. The findings also acknowledge the cultural differences present within the Latinx population ([Ornelas & Ogedegbe, 2021](#)). Due to the restrictions imposed during COVID, Latinx nurses faced challenges in establishing trust, a key factor in strained familial relationships with patients. Latinx nurses felt frustrated in caring for Latinx patients when their ability to be present was limited by the inability to touch, engage, stay with, or talk to COVID sufferers, or to facilitate visits from family members for their clients. Although the Latinx nurses utilized technology such as computer tablets, they lacked the essential human connection, which is seen as central to the healing process in the Latinx population ([Capers, 1994](#)).

Central to fostering respectful interactions, cultural humility as a theory challenges insensitivity toward cultural aspects such as race, gender, and sexual orientation. It advocates for a paradigm shift, moving from an egocentric perspective to a heightened awareness of both oneself and others. By recognizing the inherent value of all individuals, cultural humility underscores the principle of human equality. Effective communication, which encompasses both verbal and nonverbal cues, forms the cornerstone of cultural humility. Furthermore, self-reflection and a commitment to lifelong learning are essential for identifying and mitigating personal biases as we navigate an increasingly diverse world ([Foronda, 2020](#)). Patient satisfaction increases when nurses are open and aware of the culture influencing medical outcomes and patient compliance ([Clutter & Nieto, 2000](#)). This highlights the importance of nurses and administrators understanding and supporting how cultural humility enables Latinx nurses to provide the best possible healthcare services to Latinx patients.

Individuals who identify as Latinx come from a variety of social, economic, and demographic backgrounds. Their differences can be significant, influenced by family heritage and national origin. A prominent cultural characteristic of Latinx culture is the Spanish language. This study found that Latinx nurses' ability to speak Spanish plays a crucial role in the patients' healing process. Participants noted that Latinx patients began to relax and felt comfortable when they heard a nurse speaking in Spanish. Not only were patients more at ease in expressing themselves, but they also felt confident that they would receive the care necessary for healing. Latinx nurses, aware of the importance of language in providing quality care to Latinx patients, expressed frustration over the shortage of qualified interpreters to meet the high demand during the pandemic. Relying on a language bank (typically accessed via phone or computer) also proved inadequate because it lacked the essential element of human interaction.

One of the nuances of Latinx culture is the strong value placed on family, which must be considered an integral part of the care Latinx patients receive during their recovery. Within the community, the Latinx family forms a close-knit group and fulfills a critical social need. Family ties are very strong, and they are often regarded as a "family unit" ([Clutter & Nieto, 2000](#)). The importance of providing a personal touch and empathy in patient care reflects the familial closeness that should be integral to nursing. The emphasis on well-being for the entire kinship often leads Latinx individuals to be very group-oriented, making family gatherings a common occurrence ([Clutter & Nieto, 2000](#)). Additionally, Latinx food was considered a vital part of the healing process for the patients. Food was viewed as a gesture of gratitude and support in a chaotic world during COVID-19 ([Sandoval et al., 2024](#)). The importance placed on food was regarded as an essential aspect of care and healing. Latinx nurses noted that it was often overlooked or conflicted with the newly implemented policy restrictions imposed on patients during the COVID-19 epidemic.

As health care providers and considering Latinx patients' need to have family and/or friends nearby as part of their healing process, we must remain flexible to the limitations imposed by patient visitation policies during hospital stays ([Foronda, 2020](#); [Sandoval et al., 2024](#)). The findings of this study clearly indicated that Latinx nurses observed how policy restrictions hindered and prevented connectivity between patients and their family and/or friends. This is an important need for Latinx patients that went unmet, ultimately leading to frustration among Latinx nurses due to their inability to provide culturally competent care.

Nurses' role in caring for Latinx patients must include cultural awareness of how language, family, and human contact are integral to the healing process. Additionally, the use of interpretive services should be assessed as a crucial component of the care Latinx patients receive during recovery. In response to the COVID-19 pandemic, Massachusetts General Hospital established an innovative Spanish Language Care Group. This group consisted of Spanish-speaking clinicians from 14 countries and 13 medical specialties. They provided compassionate and culturally competent care to Latinx patients with limited English proficiency. The Spanish Language Care Group played a vital role in facilitating communication about

patients' prognosis, decision-making, symptom management, care goals, and discharge planning. By utilizing their language skills and cultural insights, these clinicians exceeded their usual clinical duties to bridge the language gap and empower patients. While this initiative clearly addressed a significant need, its long-term sustainability remains uncertain (Herzberg et al., 2021). The experience of the Spanish Language Care Group underscores the need for developing policies that effectively address the healthcare requirements of the Latinx population. In a clinical setting, administrators need to be aware of and support Latinx nurses, enabling them to provide irreplaceable one-on-one time with their Latinx patients, which constitutes a crucial cultural aspect of the patients' restoration.

Conclusion

The aim of the study was to explore and understand the perceptions of Latinx nurses regarding the care needs of COVID-19 Latinx patients. Only by seeing the world through the eyes of the client can one effectively role model. Role modeling helped identify how Latinx nurses comprehend the client's perspective. Therefore, the foundation of a nurse's actions is based on implementing unconditional acceptance, positive regard, facilitation, listening, understanding, and nurturing of the individual. The rich descriptions provided by the participants offered insight into how the pandemic affected the ability of Latinx nurses to deliver person-centered care. It was also significant for Latinx nurses to communicate with Latinx patients in their primary language, highlighting the importance of this in the healing process as a demonstration of cultural humility. Additionally, it is equally important for non-Spanish-speaking nurses caring for Latinx patients to consider the roles of language, socialization, food, and spirituality in providing person-centered care.

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