

## **1. What are the major take-home lessons for you today?**

The most important thing that I learned during lab was the value of effective and meaningful communication with patients, more specifically those who come from a different cultural background and do not speak the same language as I do. Ensuring that the patient's family understood the plan of care through the use of a translator was the first step. Making sure that they are able to comprehend the plan of care was the second. During the lab, the patient's family didn't understand certain medical terms such as palliative care and hospice care. It's important that the nurse is able to educate the patient and their family about the meanings behind these words as they may decide to alter the course of care.

## **%2. What are the top three nursing actions related to the dying patient-specific to the patient's cultural needs?**

a. POA: The initial action when dealing with a dying patient is to find the power of attorney. Crucial information regarding the patient's health will be limited and the course of care will also be delayed, without the POA, no decisions can be made. The POA must also have the proper paperwork, evidence less claims will not suffice.

b. Effective & meaningful communication: Patients who come from a different cultural background may need a translator. Using a translator ensures that both parties are able to communicate effectively. Making sure that the patient and their family understand what is being said is also a priority.

c. Customs and rituals: It is the nurses' responsibility to allow the patients to practice cultural customs and rituals, especially during the dying process. Nurses should be culturally sensitive and be able to accompany the specific needs of their patients. Whether that be contacting a priest, or maintaining privacy for prayers.

## **%2. Who would you, as the nurse, consult to assist during the scenario?**

As a nurse, my legal obligation is to consult with the POA of the patient or the chain of command. During the lab, the daughter claimed that she was the POA, however, she lacked paperwork to prove it. I would then have to consult with the next person in line, which would be the patient's wife. Since she did speak English, I would inquire about a translator.

## **%2. How can I adapt my nursing practices to be more responsive to the unique needs of diverse patient populations?**

It's important to be culturally competent and to be knowledgeable about the needs of different types of cultures. Being aware that people who come from different backgrounds have different perspectives and values is the initial step in becoming a culturally competent nurse. Being respectful and courteous of their customs and participating in their routines will also help me become more responsive to their unique needs.

## **%2. How can I adapt my nursing practices to be more responsive to the patient with the death and dying process?**

I should follow the patient's wishes regarding their plan of care. Whether that be in hospice or palliative care. I should also be culturally sensitive to when a patient is undergoing this process. Allowing them to have the opportunity to practice their rituals. Communicating and interacting with the patient's family is just as important during this process. Making sure that everyone is included and aware of the following measures.

**%2. What impact does not complete the specific death, and dying practices affect the patient? You as the nurse? The hospital? Healthcare a whole?**

Without culturally competent nurses, patients will not receive care that is catered to their unique needs. Hospitals won't be an environment where people can freely exercise their customs and create individualized decisions regarding their care. Healthcare would be rigid and generalized. It would lack the ability to properly manage the care for a majority of the diverse population. Care should work to continually remain specialized and flexible to whomever it serves.