Vulnerable Populations Paper N314

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Vulnerable Populations – Population of Choice: Alcoholics

Cultural competence is defined as a "developmental process that builds continuous increases in knowledge and skill development in the areas of cultural awareness, knowledge, understanding, sensitivity, interaction, and skills" (Hood, 2018). And, well, I lead with that definition because this paper is a perfect chance to look at what it means to practice cultural competence. A huge goal of this assignment is to make sure every single student in our class has a chance to examine their personal values, beliefs, biases, and prejudices – if we can do that, then we're growing towards culturally competent versions of ourselves. For nurses, I believe it's our duty to consider cultural competence as especially important. As a CNA, I did my best to practice basic human decency, and that was mostly good enough. But I'm not a CNA anymore, and medical decisions aren't as simple as basic human decency. I do have to make subjective calls. If a patient tells me they're in pain, I'm now the person whose duty is to match their subjective pain level to a concrete pain medication and dose - a process so subjective it will take deliberate effort to do without bias. I know the stats on women and minorities having their pain taken less seriously than men, I've learned time and time again the importance of listening to the patient when they seem to know what's wrong with them. Discrimination and bias directly affects the care a patient receives – even as far as affecting the very choice of medication. With these groups, the discrimination is simple and blatant, but today I'm hoping to write about a population with a much "grayer" attitude towards them by this new generation of (hopefully) progressive nurses.

This semester, we've learned that some risk factors are more common than others. Obesity, smoking, type II diabetes – I bring these up because I've noticed that a ton of nurses I work with grow to resent patients with health complications as a result of these. You can see from how these nurses act, there is judgment that they're here out of the failure of their own self-control – and they're taking up the nurse's time and another patient's bed due to that failure. With all of these, however, there is one risk factor which hits a little too close to home, one which I've seen first-hand challenge a nurse's ability

to differentiate between the person and the mental disorder, one which I've seen first-hand challenge a nurse's ability to see somebody as a person instead of medicalizing them – and that's alcohol abuse. Studies back this discrimination up, I took a good look at a "This review indicates that negative attitudes of health professionals towards patients with substance use disorders are common and contribute to suboptimal health care for these patients… They perceived violence, manipulation, and poor motivation as impeding factors in the healthcare delivery for these patients" (van Boekel et al., 2013). It's draining to take care of people who don't take care of themselves.

Alcoholics don't see what nurses see. The second patient I bagged up was a dad in his fifties. He's how I learned what "jaundice" meant. The youngest patients I've admitted and couldn't walk to their own bed were heavy drinkers as much as heavy drug abusers. People my age needing staff to slide them into bed, people my age having cardiac monitors put on their unconscious bodies. My Mom works in the ER, and she's seen the worst of it. She's seen lives lost, she's seen nasty aggression, and she's seen alcoholics take beds while there are multiple hour waits in the waiting room. For most nurses, it would be easy enough to leave the perspective there. In my life, things weren't that simple – my Mom married one.

My Dad is a brilliant man. Smart, funny, honest, friendly – a real class act in any way you could hope. But everybody has their issues, and my Dad's biggest vice is something that took him years to work past. In a lot of ways, it will be part of him for the rest of his life. We're part of a generation getting the education that alcoholism is a mental disorder. It's not the patient's fault, though it is only ever resolved by patient action. I like to think I can treat a patient suffering from alcohol abuse like family, but a positive bias is still a bias, and might be there for the wrong reasons. Dad not seeing what my Mom saw from her alcoholics in the ER was incredibly tough on her. Many people get into nursing because they see an empathetic side of themselves which they want to lead their lives with, but over time certain types of patients get a little dehumanized if you aren't careful. That's the risk I think even

our next generation of nurses might have. I could write for hours about how this divide put a strain on an otherwise happy and incredibly long-term marriage, put stress there just about to the breaking point, but at the end of the day I think their situation cast a light on the importance of bringing a sense of humanity to your patients – even when they stop being alert and oriented.

Obviously, this population has some considerations any nurse should care about when planning care. Just about any medication having to do with the liver is affected by alcohol abuse! But, uniquely for this population, I think a holistic, non-judgmental approach to nursing is absolutely essential. Ultimately, every alcoholic needs to make the choice to change their behavior, sure, but the self-hatred and resentment that comes with this condition doesn't help them do that – it gets in the way of it. Everywhere I go, empathy towards alcoholics is frowned upon because people see it as enabling a behavior people need to change, seeing judgment and disdain as necessary feedback the person needs to realize that their behavior is hurting other people and need to change. I refuse this attitude. I think kindness and space to work on their thoughts and head enable recovery far more than judgment ever could.

Many homeless patients are alcoholics. If I've spent this paper bringing up the attitudes towards alcoholics, I could barely begin to cover the attitude and resentment I've seen directed towards the "frequent fliers"! On the street, there is very little you can do to make a homeless person's life better. As a CNA, I finally had the power of the hospital's resources to make their lives better – and you better believe I used it. The hospital isn't a place to punish the homeless for finding a bed nicer than the streets. It's a rare opportunity to give them a positive moment in a bad situation. I got into nursing to believe people, because it's the one place anywhere where your job is to help people rather than judge them. For the homeless, it's an absolute relief and a rare privilege to be in such a spot to make their lives better, one I'm grateful for. The homeless in my assignment always got treated like absolute royalty as well as I could – all the ginger ale they could ask for, all the sandwiches and crackers they could eat (so

long as it wouldn't interfere with their care). Empathy and kindness are essential components of treatment, and for both the alcoholic and homeless populations, it's the unique need related to their care that's so rarely met.

References

Hood, L. J. (2018). *Leddy & pepper's professional nursing* (9th ed.). Wolters Kluwer.

van Boekel, Leonieke C., et al. "Stigma among Health Professionals towards Patients with Substance Use Disorders and Its Consequences for Healthcare Delivery: Systematic Review." *Drug and Alcohol Dependence*, vol. 131, no. 1-2, July 2013, pp. 23–35, 10.1016/j.drugalcdep.2013.02.018.