

Uninsured Adult Population Struggles Related to Healthcare

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“I have neither given nor receive, nor will I tolerate others’ use of unauthorized aid”.

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This paper aims to define cultural competency and the importance of having culturally competent nurses in the healthcare community. This paper demonstrates a need for all nurses and other health care professionals to do a self-assessment to determine any biases they may have towards any population. This paper focuses on the uninsured population and how not having insurance coverage affects the quality of healthcare received by these individuals. And finally, this paper stresses the importance of social justice in the healthcare community and how nurses can use their voices to promote social change to ensure health equity.

Cultural Competence

According to The Center for Disease Control and Prevention (2019), cultural competence is defined as a set of behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables practical work in cross-cultural situations. Culture is a term that refers to integrated patterns of human behaviors that include language, thought, communication, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. (Centers for Disease Control and Prevention, 2019). The term competence implies having the capacity to function effectively within the context of the cultural beliefs, behaviors, and needs presented by culturally different consumers and their communities. (Centers for Disease Control and Prevention, 2019).

The Importance of Cultural Competence in Nursing Care

I believe that nurses must be culturally competent along with other healthcare professionals. Nurses need to build trust and respect between themselves and their patients. According to Hood (2018), In the American population: 63.7% is Caucasian, 16.3% is Hispanic, 12.3% is African American, 3.6% is Asian, 0.9% is American Indian/Native Alaskan, 0.1% is

Pacific Islander, 2.4% is multiracial, and 0.7% did not report. In the American healthcare system, 83% of registered nurses are Caucasian. (Hood, 2018). Therefore, all the cultural backgrounds in America are not being equally represented by American registered nurses. Nurses need to be knowledgeable in various cultures to make their patients feel safe and secure. If the patient can trust the nurse, they will be more likely to be open and honest with the nurse about their healthcare needs. Nurses need to develop appropriate communication skills when interacting with cultures different from their own to achieve a positive interaction among individuals from different cultures. Nurses should do a self-assessment of their beliefs and practices and determine if they have any cultural biases that way, the nurse can address those biases to better the overall care of the patients we serve. Having nurses analyze and determine their possible cultural biases will help to prevent the nurse from possessing stereotypes. (The Chicago School, 2020). Nurses must ensure that they have positive attitudes towards different and various cultures. (The Chicago School, 2020). Cultural competence is also essential in bridging gaps between different cultures and providing a holistic approach to all patients around the globe. (The Chicago School, 2020). Being a culturally competent nurse will help build better relationships with patients and will result in a higher quality of care to all patients.

The Uninsured American Population

From the beginning of 2017 to 2019, uninsured nonelderly Americans increased from 2.2 million people to 28.9 million people. (Tolbert et al., 2020). Many uninsured individuals have at least one worker in the family. (Tolbert et al., 2020). It was found that families with low income and people of color are more likely to not have insurance than non-Hispanic white people. (Tolbert et al., 2020). According to a study done by Tolbert et al. (2020), 73.7% of people reported that the high cost of healthcare was the main reason they didn't have health insurance.

25.3% of people reported they didn't have insurance because they did not qualify for financial assistance for coverage. 21.3% of people said they didn't want or need health insurance. 18% reported that signing up for health insurance was too complicated or confusing. And 2.8% of people said they did not have health care coverage because they had lost their jobs. (Tolbert et al., 2020).

The Uninsured Population and Their Unique Needs

People without health insurance have worse healthcare access than their insured counterparts. According to a study conducted by Tolbert et al. (2020) Three out of ten uninsured adults reported going without needed medical care due to the high cost of care. Uninsured adults are more likely to postpone healthcare or go without care entirely. (Tolbert et al., 2020). This can have severe consequences because these patients will only worsen and possibly die because they do not have insurance. Preventative medicine is a new focus in healthcare today; reaching out to the uninsured population is a barrier to successfully implementing preventive medicine in the community. One out of five uninsured adults reported not seeing a doctor in the past year. (Tolbert et al., 2020). 30.2% of these individuals said the reason for not seeing a doctor in the past year was the high cost. (Tolbert et al., 2020). When uninsured adults seek health care, many do not follow the treatments that their providers recommend because of the cost of care. (Tolbert et al., 2020). In 2019, uninsured adults were more than three times likely as adults with private coverage to say they have delayed filling or did not get a needed prescription drug due to the cost. (Tolbert et al., 2020). The study also showed that the uninsured population is less likely to receive all the recommended services that those with insurance do. (Tolbert et al., 2020). When the uninsured are hospitalized, they receive fewer diagnostic tests, fewer therapeutic services, and higher mortality rates. (Tolbert et al., 2020). Most uninsured adults pay for more than half of

their care out of pocket, and the hospitals frequently charge them much higher rates than those produced by private health insurers and public programs. (Tolbert et al., 2020).

Reflection of Identified Biases

When I did a self-assessment of my biases toward different cultures and social groups, I had to dip deep into my psyche to find them. I have a negative bias towards people with blood-borne pathogens. I have not met anyone in my life that has a blood-borne pathogen. When I think of treating patients with these diseases, I instantly become uneasy because I am scared that I might become infected by accident, such as by a needle prick injury. When I was reflecting on this bias, I did research and found that there are a lot of safety measures in place to help keep me safe. According to Webb (2019), the risk of getting human immunodeficiency virus (HIV) from a needlestick from an HIV-positive patient has been estimated at 0.23%. I also decided to research HIV patients. According to Tran et al. (2019), 39% of HIV patients suffer from depression. Coming across this data helped me to change my mindset. I want to become a nurse to help patients and make their lives easier. I would never want to show my bias to these patients who are already suffering. I will never let this bias negatively affect my patient care, but I will need to provide care to these patients before I can altogether drop my judgments.

The Role of Nurses in the Promotion of Social Justice

I believe that social just is the responsibility of nurses as patient advocates and change agents. Nurses should act and use their voices to elicit change in public policy with health promotion in mind. According to Timmons (2021), social justice is fair and equal treatment of individuals whose rights are protected, equitable distribution of resources, and unbiased decisions. Nurses are fit to drive social change due to their holistic training and adherence to the ethical principles of nursing. (Timmons, 2021). Social justice has been a part of nursing from the

beginning, as exemplified by the actions of Florence Nightingale, Mary Seacole, Lillian Ward, and Mary Brewster. Florence Nightingale worked to improve conditions for women and advocated for the poor. (Timmons, 2021). Lillian and Mary Brewster created the public health nursing role. (Hood, 2018). Many other pioneers in nursing history also showed the importance of social justice in nursing. Nurses have continuously spoken up about social issues to elicit change. The most recent examples of how nurses are involved with social justice are those who protested environmental health issues concerning the Dakota Access Pipeline and those who marched against racial injustice with the Black Lives Matter movement. (Timmons, 2021). Nurses will continue to be patient advocates and change agents in the community and will be integral in helping society through the COVID-19 pandemic.

Final Thoughts

The importance of cultural competence is very evident. Cultural competence helps to improve every aspect of healthcare and helps build collaborative relationships in the nurse-client relationship. Being aware of any cultural biases or judgments will improve the nurses' ability to provide health equity to all people encountered. When nurses have a broad knowledge base of various cultures, it will allow nurses to be better advocates and change agents in the community. As nurses, we use voice to help our patients, which doesn't end in the clinical setting. The nurse should feel empowered to make social change and help the uninsured and the plethora of other vulnerable populations.

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