

## **Vulnerable Populations Paper**

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According to Kaihlanen et al., cultural competence is defined as "an understanding of how social and cultural factors influence the health beliefs and behaviors of patients and how these factors are considered at different levels of a healthcare delivery system" (2019). What this means is that as a nurse, I need to develop an open mind and create a habit of researching the various cultures of my clients to familiarize myself with the beliefs, values, and habits within that culture. Being culturally competent is accepting and respecting the ideas and preferences of each client as valid and vital to their care. Cultural competence also involves a recognition of differences between one's way of living and that of other people and groups. Cultural competence is not something that everyone has; it is a trait that must grow and develop as cultures and individuals do.

Cultural competence in nursing is essential because it is a huge part of giving clients holistic, individualized care. We interact with and serve people of all backgrounds. We will inevitably care for and work with people who believe things we do not support or agree with. Regardless of our opinion on someone's beliefs and practices, we must remain unbiased and give all clients the best care possible. I must develop cultural competence for my nursing career because each client's needs differ and may include practices and belief systems I do not hold myself. Developing cultural competence will allow me to consider religious routines, nutrition preferences, and other important practices and incorporate them in my client's care plan. Further, there will be an evolution of cultural practices over time, and this requires doing the research and learning about them, as well as implementing that information into practice. Another thing that is crucial in cultural competence is flexibility, as many people do not support and follow every aspect of a culture or belief system. For example, someone may be a practicing Catholic but also believe in and use birth control. Healthcare workers must be culturally competent to adjust their

care and behavior to support all clients and families. Nurses face barriers in their care of clients without cultural competence because culture is a person's way of life, regardless of their circumstances. By practicing cultural competence, I can bridge a gap for my patients and fully help them meet their needs.

One vulnerable population is the LGBTQ community. This acronym stands for the lesbian, gay, bisexual, transgender, and questioning identities with which people may identify that are not the traditional "heterosexual, male, female" that were exclusively used in the past. This is a vulnerable population because many people misunderstand and reject its members. Some people and groups have disdain for LGBTQ members and believe that they are choosing this life rather than being who they are innately. Many people refuse to accept and embrace members of this community and openly reject and ridicule these individuals. The needs of the LGBTQ community span all aspects of society, but within the healthcare system, one need is to understand and clarify terms and slang (Bass & Nagy, 2022). Many terms are used within and around this community to describe individual identities, partnerships, attitudes, and actions, and there is a lack of knowledge and education within the healthcare system regarding the terminology and slang used (Bass & Nagy, 2022). Educating healthcare providers on terms and respectful ways to ask clients clarifying questions about this population will help mitigate misunderstandings and help clients of this population feel valued and respected. One of the biggest struggles within the LGBTQ community is mental health, which is not surprising considering the discrimination and marginalization that many non-supporters and society in general subject this population to (Medina-Martinez et al., 2021). Mental health screening and support services are a huge need for this population to support them adequately. Similarly, LGBTQ community members have a higher chance of being victims of violence, abusing drugs,

and contracting STIs (Medina-Martinez et al., 2021). Adequate screenings, education, and interventions need to be available and encouraged for members of this population and for healthcare workers who will inevitably serve this population. Specifically, educating LGBTQ individuals on the screenings necessary for each person, regardless of gender identity, is essential. This education includes things like a transgender woman needing prostate screenings and pap smears for anatomical females, regardless of partner preference (Bass & Nagy, 2022). Due to the attitudes and actions of non-supporters and the experiences of LGBTQ members, many of this population will avoid healthcare settings as a protective mechanism (Bass & Nagy, 2022). They need the health care environment to be respectful and inclusive by way of the providers and the system. This means using preferred pronouns and having paperwork options that include more than male or female and homosexual or heterosexual options (Medina-Martinez et al., 2021).

Upon my research and reflection, I realize that I am ignorant of many terms and experiences of LGBTQ individuals. On the surface, I would associate myself with being an ally. I believe that people do not choose their sexuality or gender identity but that they discover it through time and experience. I have several friends and family members who are members of the LGBTQ community. I try to proactively support this population by asking questions, learning, and defending it to non-supporters. All this to say, I am unfamiliar with much of the terminology and specifics, which puts me at risk of offending clients and perpetuating stereotypes. On a similar note, we all have unconscious biases that we must identify and work at defeating, and one of mine has been that people's identity in this respect is stagnant when, in reality, it can change over time, which is okay. Finally, one judgment I have carried and sometimes still fail to

recognize is that having a particular identity means looking and acting a certain way. This is a stereotype in its truest form and is harmful to the LGBTQ community.

Nurses and the nursing profession have a distinct role in promoting social justice in that they interact with clients the most. Building rapport and obtaining client information is a huge responsibility within the nursing profession. This allows nurses to create a relationship with their clients and obtain information pertaining to their client's care and preferences. They can promote social justice by respecting their client's preferences, documenting them appropriately, and ensuring that all levels of the care team know and acknowledge these wishes. Educating clients and their families is already a responsibility within the nursing profession, and doing so with therapeutic communication is a skill continuously developed within the profession. This puts nurses in a unique position to articulate information and preferences to educate others while also giving them respect, which in turn inclines people to be more receptive to the message. Nurses can promote the social justice of the LGBTQ population to other clients, family members, and healthcare professionals through education and accountability. They are advocates for their clients and can promote social justice even just through their support and treatment of their vulnerable clients. Finally, directly interacting with vulnerable populations day in and day out allows nurses to constantly learn about the needs of groups who face social injustices and join the fight to end the stigma and stereotyping of these groups.

## References

- Bass, B., & Nagy, H. (2023, January). *Cultural competence in the care of LGBTQ patients*. NCBI. <https://www.ncbi.nlm.nih.gov/books/NBK563176/>
- Kaihlanen, A.-M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: Qualitative study of nurses' perceptions about cultural competence training. *BMC Nursing*, *18*(1). <https://doi.org/10.1186/s12912-019-0363-x>
- Medina-Martínez, J., Saus-Ortega, C., Sánchez-Lorente, M. M., Sosa-Palanca, E. M., García-Martínez, P., & Mármol-López, M. I. (2021). Health inequities in LGBT people and nursing interventions to reduce them: A systematic review. *International Journal of Environmental Research and Public Health*, *18*(22), 11801. <https://doi.org/10.3390/ijerph182211801>