

## **Vulnerable Population**

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### Cultural Competence

I feel like there is not one good definition of cultural competence. When we think about culture, we identify it as a “personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social group” (Branch et al., 2019). In the healthcare, culture can take a huge role in how we provide care for that patient. For example, it can help the nurse understand how they “seek care, how they describe symptoms, how they select treatment options, and whether they follow certain care recommendations” (Branch et al., 2019). Then with the word “competence” meaning the quality of having enough knowledge, judgement, skill, or strength/respect can help us understand how well our patient will be able to understand the information we are giving them (Branch et al., 2019).

Cultural competence in healthcare is a huge factor that needs to be understood. It is the “ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of healthcare delivery to meet patients’ social, cultural and linguistic needs” (Branch et al., 2019). Being able to apply cultural competence in the healthcare environment is a huge aspect of being a great nurse. Having the ability to be “supportive/understanding with behaviors, attitudes, and policies” even if you do not agree with them is a strong attribute to have (Branch et al., 2019). Cultural competence is more than just culture and language. It has grown to groups such as people with disabilities and LGBTQ. “The cultural competence movement has grown with the rise of national attention to pervasive racial and ethnic disparities in healthcare” (Branch et al., 2019).

### **Incarcerated Pregnant Women**

Pregnant women alone are a vulnerable population group. But pregnant women in custody are a vulnerable group with specialized health care needs. Does it matter the crime that they committed to get where they are? Absolutely not. When it comes to a mother and her child, they need whatever support they can get. Studies have shown that there is a “huge gap in the treatment and care plan policies used by U.S. Immigration and Customs Enforcement, the U.S. Marshals Service, and the Bureau of Prisons that could easily expose these women to many different health risks” (Goodwin, 2023). Over the past few years, there has been an increase in female prisoners. Because of this, there was a systemic review done in 2022 over six different categories. These categories were: “healthcare needs including prenatal, labor, delivery, and postpartum services; educational needs on pregnancy, childbirth, and parenting; the support needs to be provided but government agencies, social workers, and doula services; the needs for psychological counseling services; nutritional needs during pregnancy; and the needs related to the substance abuse management” (Alirezai & Roudsari, 2022). I think it is amazing that there are people out there taking the time to speak for these women in a time when they cannot speak for themselves. We are all human and make mistakes. But if we keep treating women like this, especially pregnant women, they will never want to better themselves. I feel as if having a process/policy that we start following to allow these mothers feel supported, will help them fight and want to become a better person for their child.

Surprisingly, during this study they had found that many prison organizations do not have a routine process that they follow for recording and collecting data on their pregnant women. “With female prisoners being a high-risk group, the mothers need to be aware and pay attention to their living conditions” (Alirezai & Roudsari, 2022). When asking the hospital staff at the

prison about their care, they had voiced that almost every woman that was pregnant was involved in either “verbal, psychological, or physical violence” while being at the prison (Alirezaei & Roudsari, 2022). Majority of these women do not have any family support. They are on their own in a time where support is most important. And then, once they have their baby, they only have a certain number of hours (depending on the facility) that they can stay with the baby before returning to prison. Because of this, the mothers are not receiving the proper postpartum care and not given the time to bond with their child (Alirezaei & Roudsari, 2022).

The results of this study recognized the needs of these pregnant women. PubMed states, “In general, the needs of pregnant women in prison include the needs for adequate and quality prenatal care; education on pregnancy, childbirth and parenting, psychological and supportive counseling, nutrition, and substance abuse management” (Alirezaei & Roudsari, 2022). When these needs are recognized, we will have a better idea on how to improve long-term and short-term results. If we start listening and following these needs, I truly feel like these women will become better in the long run. They will feel as if they have something to fight for. That drive to be a role model and show their child that you can change. Change for the better.

## Reference

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