

Vulnerable Populations

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Cultural Competence

According to Sharifi et al. (2019), cultural competence is defined as “the dynamic process of acquiring the ability to provide effective, safe, and quality care to the patients through considering different cultural aspects” (Sharifi et al., 2019, para. 9). It is important to ensure that each patient will feel safe and comfortable in trusting a nurses practice. There have been multiple theories thought out and applied in practicing cultural competence and understanding the importance of it. Some of the studies done involving the cultural competence concept focus on the “competence” aspect more, referring to cultural competence as a process or spectrum, and other studies focusing on the “culture” aspect of the concept, following different methods for different cultures (Sharifi et al., 2019, para. 11). Kersey-Matusiak (2012), says that cultural competency consists of consistent self-evaluation, skill development, and building knowledge on culturally diverse groups (Kersey-Matusiak, 2012). Being culturally competent will assist in improving a nurses overall success rate for patient outcomes, as a culturally competent nurse will ensure that the patients' needs are met by emphasizing communication, patient education, and satisfaction (Kersey-Matusiak, 2012). Patient outcomes are the only way in truly evaluating a nurse's cultural competency.

Vulnerable Population- Incarcerated Patients

Unfortunately, the United States has the highest incarceration rate out of any other country across the globe (Davis et al., 2018, para. 1). It is predictable that type of care that incarcerated patients may receive will seem less than those who are not, whether it be due to facility policies, budget reasons, staffing, safety, or patient preference (Davis et al., 2018). Upon admission to a facility, an incarcerated person will receive an intake screening that consists of a basic medical, dental, and mental health, as well as a physical examination (Davis et al., 2018).

Most facilities will also have patients screened for highly circulating diseases such as HIV, tuberculosis, hepatitis, syphilis, gonorrhea, and chlamydia (Davis et al., 2018, para. 1). For prisons and most larger jail facilities, there are scheduled visits arranged for a physician to come in and assess patients who are struggling with acute or chronic issues (Davis et al., 2018). Most all prisons and some jails will have an infirmary, which is an inpatient facility for those who are diagnosed with chronic illnesses who require daily care or for patients who have recently returned from a visit to a hospital (Davis et al., 2018). As previously mentioned, patients must receive specific screenings for diseases due to the increased risk of infection and spread throughout the incarcerated population. Patients also will receive counseling to be educated on the best ways to prevent the spread of these diseases, especially sexually transmitted diseases (Davis et al., 2018). If an inmate screens positive for a mental health disorder or psychiatric condition, medical records are retrieved, and any prescriptions will continue upon verification from a medical record (Davis et al., 2018).

Incarcerated females require more specific needs due to simply being female. According to Davis et al. (2018), females have a higher risk of chronic medical conditions, psychiatric conditions, and substance abuse than men, as well as being more prone for contracting sexually transmitted diseases such as gonorrhea and chlamydia (Davis et al., 2018). As a part of their intake screening, all females are tested for gonorrhea and chlamydia, while males are not required to be tested, and they are often screened for cervical and breast cancer. Additionally, females require reproductive health care when incarcerated, which is very important considering that maternal and infant health outcomes are often poor when incarcerated due to the living conditions (Davis et al., 2018). It is recommended by the United States Preventive Task Force (USPSTF) that all females undergo a reproductive health evaluation (Davis et al., 2018).

Reflection

Based on the research that I have done on clinical care for incarcerated patients, I do believe that those who are incarcerated may not always receive the best quality care and treatment, no matter the circumstance. I know that it is not always in the nurses or providers hands, but the patient still does have a right to his/her medical decisions and that should always be respected. I think that any woman who is pregnant and incarcerated should receive a transfer from the prison or jail to a more stable and less morbid environment to assist in a successful pregnancy term and a healthy baby. Also, I think that if all women are required to be screened for sexually transmitted diseases upon admission to a facility, men should be screened regularly as well due to the high rates of sexual abuse in incarceration facilities. On the other hand, I agree that all of these precautions should be taken for each and every admission due to the high rates of infection in prisons and jails.

Do you want to know the crime of the prisoner whom you have been assigned to deliver care?

Personally, I have always been huge into true crime stories. I have watched movies and television shows growing up, I still listen to true crime podcasts and watch documentaries today. I think that if I was assigned a patient who was incarcerated, I would be eager to know what exactly put them where they are today and all the details along with it. I would be fascinated by the story and also it may help to better understand the patient that I am caring for in ways that I wouldn't have understood before hearing the story. That being said, I can see where it would be beneficial not to know any of the stories behind a patient that is under my care, because if you don't know anything then there is no room for bias or judgement, and it will make it easier to ensure that the patient receives all of the best quality care, and all of the needs are met. So

personally, yes, I would be so intrigued by hearing inmate stories on the job, but critically thinking, it would be easier in some cases to have nothing to judge a patient on.

References

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