Vulnerable Populations

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Importance of Cultural Competence

What is the meaning of cultural competence? As stated by the Child Welfare League of America, it is defined as "the ability of individuals and systems to respond respectfully and effectively to people of all cultures, classes, races, ethnic backgrounds, sexual orientations, and faiths or religions in a manner that recognizes, affirms, and values the worth of individuals, families, tribes, and communities, and protects and preserves the dignity of each" (*Defining cultural competency - Child Welfare Information Gateway*, n.d.). Cultural diversity can impose a significant barrier to providing efficient and adequate care to those individuals seeking medical treatment. One of the many amazing benefits of nursing is interacting and providing care for people of all backgrounds. Something many overlook in our profession; however, is how the same gestures and treatments do not always work for all patients. Some religions, cultural backgrounds, and past histories cause patients to be less receptive to regular everyday methods of communication and care. Of all factors, lack of proper communication is known as one of the most frequent issues leading to a negative healthcare experience for those of a different culture. As stated by Stubbe, “The five key predictors of culture-related communication problems are cultural differences in explanatory models of health and illness, differences in cultural values, cultural differences in patients’ preferences for doctor-patient relationships, racism and perceptual biases, and linguistic barriers” (Stubbes, 2020, pg 49). In nursing, it is vital that we always properly inform patients of the plan of care and explain step by step what actions we will be taking to obtain permission to proceed with the treatment. Some patients may have a language barrier, some are slower to comprehend instructions, and some may simply refuse said treatments due to them not aligning with their religious/spiritual beliefs. Therefore, cultural

competence is essential for a clinical nurse in practice to recognize, affirm, and compensate for changes in the plan of care that are deemed appropriate for the patient.

Medical Needs of The Incarcerated

"The prominence of health issues in correctional facilities is compounded by the fact that many incarcerated people do not have consistent access to treatment, meaning they arrive with undiagnosed conditions" (Ssebastian, 2022). Many inmates are not given the appropriate medical treatment and resources needed to help fight both acute and chronic issues. Upwards to 20% and 30% of incarcerated patients are found to be struggling with withdrawal from alcohol and drugs, and another 20% are very mentally ill (Wachsmuth, 1991). This does not even take into consideration the number of incarcerated patients, like others, who are struggling with chronic diseases such as diabetes, heart disease, and respiratory complications. "Many people taken into custody are experiencing serious and preexisting health issues, while others will need medical attention to address illness and injury that occurs during incarceration" (Ssebastian, 2022). A study was performed by Katherine C. Brooks MD, Anil N. Makam MD, and Lawrence A. Harbor MD, analyzing overall experience and patient care of hospitalized incarcerated patients. Evidence shows that privacy, comfort, communication, and plan of care are all taken less seriously for the incarcerated under hospital care (Brooks et al., 2021). Data showed within the study that 84% of physicians required mandatory bedside monitoring, 60% of all nurses asked the officers at the bedside whether the incarcerated patient was safe to treat, only 17% of nurses updated them on the plan of care or assessed any needs, and 70% of nurses advised the shackles to not be removed during the stay (Brooks et al., 2021). Many incarcerated, unfortunately, suffer the consequence of being looked poorly upon by the public without having any knowledge of what crime occurred to put them in the position they are in. This includes health care

professionals, who as studies show statistically have been proven to show less priority and sympathy towards those incarcerated. A majority of incarcerated have not committed any violent crimes, which is a common misconception people immediately think when seeing someone in shackles next to a law officer. “The suicidal risk of incarcerated individuals is nine to 16 times that of the normal population” (Wachsmuth, 1991). As I stated previously, mental health is a serious issue that is not addressed properly by individuals in this vulnerable population. Many are seen as mean, dangerous, violent, and a safety risk solely based on the fact they come from prison or jail. In many cases, this proves to be the opposite of the truth, and what these patients want most is to have the opportunity to be treated with kindness and fairness when addressing their medical needs. Many would benefit greatly from having routine meetings with therapists and psychiatrists, along with helping them cope with a sudden change in lifestyle and hardships they may be facing in the prison system. Overall, incarcerated people are a unique population of patients, who ultimately just seek out the same medical treatment as everyone else in hopes their plan of care is not limited by judgment.

Personal Reflection

As someone who has worked in the emergency department now for a few years, I have had my fair share of treating incarcerated patients. In my personal experience with taking care of the incarcerated population, I have had nothing but positive things to say about those I have been able to treat. I have had a new perspective on life since talking to some of these individuals, and they have been willing enough to share with me stories about their personal lives. Whereas some of them may look intimidating, many just come from a troubled upbringing and truly appreciate being talked to as a normal person for once. As sad as it is to say, a lot of incarcerated simply want someone to talk to, and someone to tell their story to. Many regret what they have done and

would want nothing more than to take back the life they left behind. As a healthcare professional taking care of an incarcerated patient, one may think to themselves, “Do you want to know the crime of the prisoner to whom you have been assigned to deliver care?”. I won’t lie in saying I would be very curious to know what crime the prisoner had committed that put them in their current situation. However, I have not and never would change the way I talk or interact with a patient simply because they are incarcerated and under surveillance by law enforcement. It is irrelevant in providing care to know the crime committed, and if anything is a violation of privacy to be discussed in the healthcare setting. I have first-hand witnessed healthcare staff and officers avoiding eye contact, ignoring requests, and talking down upon incarcerated individuals. Imagine how lonely or depressed the patient must feel constantly receiving this kind of treatment. My parents instilled in me at a young age the mindset of “treat others the way you want to be treated”, and that is something I have always been very passionate about since working in healthcare. In the emergency department, I take care of a lot of very rude, unhappy, ungrateful, and culturally diverse people that I don’t necessarily feel the most comfortable being around. No matter what though, I have and will always continue to show them respect and address any of their needs, to spread kindness and show I care. In conclusion, incarcerated people are a very vulnerable population like many others, that deserve equal and adequate care.

References

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