

“Vulnerable Populations: Immigrants”

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In the field of nursing, cultural competence has a through-line in all patient care. Cultural competence can be described as a fluid and ever-changing process of maintaining an appropriate knowledge base of the many cultures we interact with in our lives, and moreover how specifically in healthcare the different considerations of each may affect the way in which we provide care that is considerate, respectful, inclusive, and high-quality to the recipient as it pertains to their beliefs and values (Sharifi et al., 2019). As vulnerable creatures, we all will require healthcare in our lifetimes, and therefore the work of clinical staff directly interfaces with people of all cultures. As such, culture competence is foundational to our work, and providing patients with the best care possible will necessitate an empathetic understanding of the beliefs and values of others that may or may not overlap with our own. The best care is the kind that implements its interventions with an awareness to the recipients wants/needs/or “nevers”. For instance – a member of the Jewish faith would observe specific considerations to Friday Shabbat dinners, and generally avoid pork products. A Jehovah’s Witness may abstain from blood transfusions. When we provide culturally competent care with an awareness for fairness to all healthcare recipients and an effort to eliminate disparities predicated on cultural diversity, we provide social justice. Moreover, cultural competence will necessitate that the caregiver has the capacity to self-reflect and challenge their own potential biases or prejudices to prevent negative impacts upon their own ability to provide fair treatment and act within a framework of equality and justice for all their clients. Even in today’s medical world we are seeing profound and unacceptable moral failings be borne out by statistics surrounding racially oriented disparities in healthcare outcomes that suggest an ongoing and chronic failure to effectuate social justice within how we provide care across the racial spectrum. As a prominent example we can look at mortality rates from breast cancer amongst different racial backgrounds. Despite having a

slightly lower incidence rate of breast cancer among African American women when compared to Caucasian women, the mortality rate is profoundly higher (40%<) – to a degree that defies explanations that do not acknowledge systemic racism as a likely influencing factor in these end results (McDowell, 2022).

Social justice has been a growing area of the public consciousness in American society in the 20th century. Social awareness in recent decades has been steadily rising in emphasis. Facilitated by a growing population inside a shrinking world as we bridge communication gaps with always-online-societies and instant global interaction, and it is much harder today than before to be ignorant of injustices and societal ails. Marginalized peoples have greater and greater visibility, and the collective conscience of a society that wishes to be of higher moral substance demands that it continue to bend along with the moral arc of the universe ever toward greater equity. But the work of this is much harder than creating a viral dance to raise awareness of the causes you are trying to draw attention to and requires a culture competency of both the systemic failings and victims affected in each instance of where our society has been failing to provide parity among its consistent demographics.

“Immigrant” is a broad title, but accounts for a significant number of displaced populations globally. Many of whom are individuals simply seeking a better life for themselves or their families, fleeing either war-torn areas or regions where safety from any number of bad actors is never certain. When discussing vulnerable populations, immigrants are among those with the widest array of obstacles to a stable and safe life and face systemic injustices toward acquiring such assurances in their lives. Many things we take for granted are the very same needs this demographic struggle to consistently acquire or afford.

Having to relocate under distressed circumstances often means leaving behind anything of wealth and starting over without any possessions or advantages. This means the lack of a home to provide a stable foundation for your life. Lack of transportation vital to family members getting to work/school/emergent healthcare/reaching basic provisions. As well as a lack of finances to possess any of these things. Moreover, you may lack an identity all together. Any documentation you may have on who you are may be left behind or lost along the way to relocation when fleeing a crisis in another part of the world. This leaves you with an enormous barrier to even establishing or acquiring basic documentation related items in your new country of residence. It can be inordinately difficult to establish residence, attain a legal presence, a right to work, or establish insurance/benefits/healthcare/employment/education when you lack the necessary paperwork to even be identified as a citizen. In the modern world this can be very dehumanizing as it effectively renders you non-existent for many intents and purposes. You can't acquire a loan, a line of credit, or collect a legitimate paycheck either. As such, you end up relying heavily on "under-the-table" cash-based pay for irregular and sporadic work from dubious sources that often take full advantage of your situation.

Enter the next layer of the immigrant's struggle. Racism. As if a refuge seeking asylum didn't have enough problems levied against them from all we have laid out thus far, now include being actively disparaged and outright combatted by natives to your new locale that either want you remove you, abuse you, or take advantage of you. And take advantage they will – poor work conditions that fail to meet OSHA regulations and are rife with safety violations may be the only means of income. Immigrants endure exploitative conditions that pit them against overwhelmingly demanding labor for paltry pay, bereft of benefits, and at high risk of injury. Despite the obvious exploitation of this relationship, it persists on the part of the immigrant out

of desperation and lack of options. Reporting isn't an option for these individuals either as repercussions are common, often fail to result in any fair remediation, and will likely result in the loss of what meager employ they were even able to come by. As such, speaking out is poorly incentivized for these individuals. This abuse may even move beyond an employment relationship, with human trafficking and sex-work exploitation being significant risks amongst this population. These risks are even higher amongst women and children in refugee communities, particularly during times of active migration from "hot zones" of conflict (Walton, 2018).

Yet, despite this extensive list of itemized strife, and being routinely utilized as a political punching bag by demagogic xenophobe's fear-mongering their way to power - immigrants are often leaving even worse conditions and therefor continue to endure these transgressions and prejudices in the hope of something better. It is this resiliency and optimism that often makes them genuinely hard workers and a boon to those societies that can capitalize (fairly) on incorporating them into their communities. It is for this reason, as well as for the actualization of the core principles of nursing that demand we work for the betterment of those within our community, that we must – as nurses – make an effort to bridge these divides. The story of the immigrant seeking asylum from what ails their life on a macro level, and ails their health on a micro level, is only going to become increasingly common as climate change drives more and more people out of areas hit by natural disasters. These refugees may even be natural born citizens crossing state lines to leave hurricanes and be experiencing hardships relatable to those along our borders. So, our profession must remain aware of how it connects displaced communities with those they find themselves relocated to, and work to promote social justice not just at this regional level, but with advocacy at a national level. Nurses work so closely with the

raw reality of what our society's composition is today, and the welfare of those within it, it is a wonder there aren't more nurses-turned-political representatives in an effort to drive social justice reforms.

In conclusion, vulnerable populations exist throughout our society, and nurses are not just in the frontlines of health care, but in the frontlines of witnessing the fault lines without the health of our society. Fault lines that are by their nature things that harm the ecological health of our broader community by driving discordance in the form of social injustices, health outcome disparities, and general inequity – all aspects that by their nature dysregulate the harmony of our species cohabitation. A position of such vigilance asks us to explore our own biases and potential prejudices. To share personally from my own self-reflection, I for one know that I still struggle to accept some of the ways in which cultural beliefs interface incongruently with the science of healthcare. During the pandemic I felt a profound contempt for medical staff that professed snake-oil cures and disparaged groundbreaking MRNA science that provided us with next-generation vaccinations. It outraged me that people would take their education on the issue from entertainment sources masquerading as news, rather than express even a modicum of intellectual curiosity and research the issue or fail to appreciate the importance of the source for claims in the least. I felt it did immeasurable exacerbating damage to healthcare efforts when our nation gave equal volume over the airwaves to our subject-matter experts as it did to malignant narcissists who suggested injecting bleach and shining lights in our orifices as cures. An experience which has left me with significant bias to overcome with the anti-vaccination community in our society. But I respect that equal treatment of my patients is tantamount to quality care, and act accordingly and objectively in so doing. It is, however, an excellent example of how we all have bias we have to be aware of and account for to prevent becoming part of the problems we seek to

be a bulwark against in healthcare. Each and every one of us seeking to become nurses has the collective experience of our own lives playing a subtle role in guiding our actions, and in order to be good agents of social justice, we must always be knowledgeable of these stumbling blocks, and confront them.

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