

Vulnerable Populations

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Cultural competence is defined as the ability to work effectively with people from diverse cultural backgrounds including valuing diversity, understanding your own cultural background, and being open to new ideas (Deering, 2024). Due to economic status, environmental and social disadvantages, clients may face more barriers to healthcare access. The term, “health disparity,” is used to define these challenges. Social classifications such as, gender, age, race, etc., contribute to a client’s culture, causing the “health disparities” that may lead to a client’s challenges in healthcare access (Deering, 2024). Health equity aims to reduce and eliminate health disparities by distributing resources based on need.

In article *Cultural Competence in Nursing*, Deering instructed that culturally competent care consists of four components: “awareness of one’s cultural worldview, attitudes toward cultural differences, knowledge of different cultural practices and worldviews, and cross-cultural skills” (Deering, 2024). These elements combine to help a nurse become culturally competent. Nurses should strive to incorporate these practices into patient care. The first element, awareness, provides that nurses need to be very aware of their own personal biases and judgments of different cultural and ethnic groups. According to Deering, (2024), “A person who realizes that they view immigrants as illegal aliens, for instance, develops cultural awareness of that specific bias.” The second element is “attitude towards the client.” (Deering, 2024). A nurse must have cultural awareness before they can have a good attitude towards the client regardless of their background (Deering, 2024). To have a better understanding of a client, the nurse needs to be aware of their own beliefs, values, and background. Good interactions will help to build better connections, deliver better care, and provide trust between the nurse and the client. (Deering,

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2024). To satisfy the third element of knowledge, a nurse should continue to learn new ways to gain deeper understandings of the beliefs and values of their clients. This will ensure the clients will have a better quality of care. Increased care will further provide a more efficient recovery journey. Skills is the final element Deering instructs. Skills is where the nurses will combine their awareness, attitude and knowledge in their interactions with the client. Nurses may do this by developing culturally competent behaviors with their body language, enhancing their ability to communicate effectively (Deering 2024).

According to the article, *Nursing Care for Patients Experiencing Homelessness: Tips & Resources*, poor transportation, discrimination, substance misuse, and poor mental health, will contribute to the healthcare barriers experienced by burdened classes of people. “The number of people experiencing homelessness is rising faster than in past years, primarily due to a lack of sufficient income and affordable housing” (Morris 2024). According to data gathered by The Wall Street Journal from 150 organizations that includes people experiencing homelessness, the numbers indicate a sharper climb than in recent years, underscoring growing pressure from rising costs” (Morris 2024). Homeless individuals may lack secure storage for medication or wound supplies. Furthermore, a lack of trust in healthcare providers may cause the homeless population to not adhere to healthcare recommendations (Morris 2024).

Through my research and personal reflection, I have realized my own personal bias and judgements towards the vulnerable population class of the homeless. I grew up in a privileged household, I never had to worry about a roof over my head, food on the table, or about the financial bill related to my healthcare. My personal bias to the homeless population is that they would rather be homeless than work hard to access food and healthcare. I came to realize my bias and judgement while working the Emergency Department at the hospital in my local community. I

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also volunteered at a homeless shelter through my high school career. I have offered multiple resources to homeless people who state, “They would rather be homeless, then work and live in a house”. This state has created a bias that homeless people would rather be homeless than work hard to put a roof over their head and food on the table. Furthermore, social media and the news offers stories which can high light political involvement in an individual’s desire to seek out a job or participate in society as a working-class member. Other accounts may point out all the different types of programs for the homeless, giving a false sense of accessibility for all homeless across the United States. However, through my work, I have come to realize not all communities are the same, and access can be very different on an individual level depending on the homeless individual’s race, gender and age. During my reflection while writing this paper, I now understand the steps that I need utilize to decrease my bias. I have learned I need to be more culturally aware of my bias and that I can’t base my judgment from a few bad experiences in the past. I need to treat every patient without judgement or bias and treat them individual and holistic.

My thoughts and feeling on delivering care to the homeless/improverished is that it doesn’t matter where you came from or why you’re at the hospital to receive treatment. Every individual deserves to be treated to regardless of there finical background. I will treat every client as individual regardless of their cultural or finical background.

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