

**Vulnerable Populations Paper**

Windy Harrier

Lakeview College of Nursing

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Professor Travis Whisman

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Cultural competence is the ability to adapt to diverse individuals, provide adequate care, recognize their beliefs and behaviors in society, and realize that individuals are influenced by their culture. It is important to recognize cultural competence when caring for a patient in order to effectively and adequately deliver beneficial treatment. Understanding and respecting a patient's beliefs will enhance their satisfaction and increase their likelihood of following the treatment regimen. Understanding the patient's beliefs and values will help build their trust and improve treatment adherence. Oftentimes, nurses are the first point of contact for patients; therefore, nurses must recognize the various cultures, their sensitivities, and have the knowledge and skills to meet their needs. As nurses, we must put aside our cultural differences and acknowledge their treatment preferences. Nurses also need to be aware of inclusive environments so the patients can feel heard, participate in their care, and be understood. This will improve outcomes and reduce health disparities. When there is a lack of understanding, treatment is hindered by miscommunication, poorer health outcomes, and the patient's failure to understand medication instructions. All of these ultimately lead to poorer-than-expected health outcomes, rather than the improvement a patient is striving for.

### **Prisoners and Incarcerated Individuals**

One vulnerable population is prisoners and incarcerated individuals. Many of these individuals have pre-existing health conditions. The environment in which they live is very stressful, and they have limited access to quality care. As a nurse, you will face many ethical questions when providing care to a prisoner. These questions can influence the care provided when the provider has knowledge of the prisoner's backstory, when a correctional officer is present during the examination, when the medical provider provides guidance, and when the prisoner is shackled. Being biased is not the only reason prisoners do not get adequate care.

Being incarcerated can affect the autonomy of the prisoner. This creates confusion about legal and ethical healthcare decisions and raises questions about visitors when a prisoner is hospitalized. Some of the disparities that prisoners face while incarcerated are high blood pressure, asthma, cancer, arthritis, and infectious diseases, such as tuberculosis, hepatitis C, and HIV (Schueneman, 2024). Although prisoners have a constitutional right to healthcare, there are many challenges that prisoners face when proper healthcare is needed.

One of the challenges they face is systemic and resource limitations. These limitations include the correctional facility being understaffed and having limited funding. There is often insufficient funding to provide adequate medical care within the facility. In addition, staffing is a problem, leading to patients missing appointments because no one is available to take them.

Another challenge is the quality of care and ethical issues that present while providing care for a prisoner. Oftentimes, these ethical issues are deliberated on in indifference. This means that even though legal standards and expectations are in place, many prisoners face medical neglect, which leads to a prisoner dying when the condition was treatable. Furthermore, unethical practices and reproductive health care are also challenges for prisoners. Access to prenatal care is very limited, and sometimes it depends entirely on the local jurisdiction. Not receiving prenatal care is detrimental to the safety of the child and the mother.

Subsequently, there are also environmental and structural factors inhibiting prisoners from receiving proper healthcare. These factors are overcrowding and delayed treatment. Overcrowding increases the risk of infection spread. As such, a prisoner may wait weeks or even months for specialized care, resulting in the progression of diseases.

Furthermore, the transition and continuity of care are major challenges for prisoners. These challenges include re-entry risk. Over 95% of the prisoners are released to the community without being treated for conditions. When they are released, they have a minimal supply of medication, or sometimes none at all. This leads to multiple visits to the emergency room and even death. With the transition and continuity of care, many prisoners do not trust the system. Therefore, prisoners will not seek help until the condition is severe.

In addition, the care I provide to a prisoner or incarcerated individual should not differ from the care I provide to any other patient. I believe there is a vast misconception that prisoners are malicious and dangerous, and therefore, a wide population of providers does not want to care for them. However, in reality, my experience with prisoners has always been positive. They are usually the most cooperative and pleasant patients to work with. Although knowing the crime committed is not generally necessary, it could help ensure appropriate care and safety. Of course, I want to know the crime. I feel like that is a piece of their story that could help explain some of the hesitation toward certain treatments. As a nurse, I believe my duty is to provide adequate healthcare regardless of a patient's vulnerability. Healthcare should be a non-judgmental environment focused solely on patient care and treatment.

Overall, prisoners who are in need of healthcare often have those needs unmet. Prisoners do have a constitutional right to adequate healthcare while they are incarcerated. However, the system is broken, and many times a condition that could have been controlled often turns fatal and results in death. In addition, providing inadequate medical care constitutes cruel and unusual punishment. However, access to care and its quality are often inadequate. As such, many inmates who suffer from chronic conditions and mental issues go untreated, which creates other issues within the facility, like the spread of disease. Consequently, while the legal framework

that guarantees our prisoners' care, the system is failing to meet the needs of prisoners. In return, this is creating more critical healthcare needs within the prison system that are overlooked.

### References

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