

Cultural Implication and Care within Vulnerable Populations

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N314: Introduction to professional Nursing

August 27th, 2019

“I have not given nor receive, nor will tolerate others use of unauthorized aid”

Abstract

This paper details the true meaning of caring for people who are in vulnerable populations. Not only does it covers the impact of care for people in vulnerable populations individually but also as health care team and personally as well. It also entails cultural competence, any bias or judgement experienced and how to set those aside to provide excellent patient centered care. This paper expresses and demonstrates my current understanding and awareness of providing care for people who aren't in the same position as me. However, it also expresses how I continue to expand and widen my understanding as a future registered nurse.

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My understanding and awareness of Cultural competence is a step by step process that allows people to grow an understanding for accepting and providing excellent care for people who are of different cultures and backgrounds. There are six steps when it comes to cultural competence that will help one acquire the awareness. The first step is to examine personal values, beliefs, biases, and prejudices. According to Hood (2018), “Attitudes result from evaluative judgements that may have developed over time, either during childhood or from life experience” (p. 281). I believe the main focus of this step in the cultural competence process is to realize and analyze your attitudes and belief that could have stemmed from one’s past and currently cause prejudice or bias feeling towards a certain group or culture of people.

If I was assigned to deliver care to a prisoner, I think knowing the crime that the prisoner committed wouldn’t affect my quality care towards the patient depending on the severity of the crime. For example, if the crime had to do with sexual assault towards a child and crimes that pertain to that extreme then I would probably just not prefer to provide care for them, but I also wouldn’t treat them any differently. However, I also believe that if I didn’t know the crime, the quality of care would still remain to be excellent. It would just prevent the very little bias that exists. I do not justify for people who have committed crimes, however I feel empathetic for them when it comes to understanding one’s past and what could have influenced them to end up on the path they are currently on. I believe whether or not you’ve committed a crime, at the end of the day you are still a human. I believe most people who have committed a crime, come from a broken place with no love or support. To me being able to learn one’s background, talk to them personally about why and how they’ve gotten here, and understanding that everyone is different is vital when it comes to achieving step 2 in the cultural competence process which is building

one's cultural awareness. I believe that once you've accomplish a good understanding in knowing that everyone is different and raised in very different ways, it sets a bridge that allows one to achieve step 3 which is learning culturally specific communication strategies. According to Hood (2018), "Once health care team members are aware of key cultural differences, they can develop specific communication strategies to tear down barriers and provide culturally and linguistically appropriate health care" (p. 281). I think this consists of being able to talk to people who come from different backgrounds to build your cultural awareness.

While working with vulnerable populations some bias and judgement that I may have are not many, I think this is due to the fact that I am a minority and my family is very diverse and cultural. Although my family can sometimes have their bias moments, they didn't raise me to be that way. I view and treat people very fairly regardless of their status or where they come from. However, I think if I was to have any bias or judgement then it would be in situations like I previously mentioned like prisoners committing extreme crimes. Although there would be judgement, I would just prefer to not provide care for that patient. I wouldn't treat them any differently. I think as I grow as a nurse, I will get a better understanding of this and decreasing that judgement in these types of situations. To add on, when it comes to people of lower economic status, there isn't much judgement or bias at all because I relate to it; it's where I come from. I can also relate to people and families with mental illness, I have a younger brother who has autism and cerebral palsy and I also have family who isn't in the right state of mind because of drugs. Being exposed to such diverse and cultural situations helps you relate and understand one's situations without judgement or bias. Altogether, I would say there is very little bias but for the most part there is not much at all when it comes to providing care for people who are

vulnerable populations because I myself relate to it and want to help provide care for people the way I would want care provided to me.

Reflecting on the little bias I may have while caring for a patient would only occur when caring for the incarcerated if a crime is severe and extreme. I think it would be a little difficult to care for someone who has committed a crime because they've treated themselves or people very poorly and unfair and sometimes that thought itself can interfere with the thought of care they deserve but it is also not in me to treat people poorly regardless of who they are or what they've done. I also believe that being able to experience caring for a patient and having interaction with them is very beneficial as a growing nurse and it is also step 4 in the cultural competence process that allows one to interact with people from different backgrounds with different stories. I believe that overall, it would be better to not know the crime that an incarcerated individual has committed. However, if I did know the crime, I wouldn't let the little bias affect the way I provide care to someone. Having the opportunity to identify and reflect on my mistakes is the 5th step in the cultural competence process.

My plan to provide culturally sensitive care to vulnerable populations would be to care for them just as I would for anyone else who isn't in a vulnerable population. My plan would be to care for them accordingly within their religion, culture, and race by executing things while prioritizing care whether that means providing space, providing cultural sessions as a resource, relating to them, involvement of families when it comes to a patient's care plan if they allow, providing educational resources, resources for therapy and many more. According to Washington and Moxley (2013), "For nursing, what is most distinctive is the holistic approach to health with nurses providing a range of skillful and compassionate service to others within supportive environments" (p. 43). I believe providing care specialist to a person's needs and

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respecting their differences is what is going to help them heal not only physically but mentally as well by providing a peace of mind to the patient when it comes to quality care. Creating a plan of care for vulnerable populations is allowing me to implicate and learn the 6th step of the cultural competence process but correcting my mistakes and providing excellent care.

References

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