

Cultural Implications

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In 2016, over 550,00 Americans were considered homeless (2019). That is about one in every 600 Americans. The homeless have lower health status and high mortality rates, higher rates of mental health disorders and higher rates of unmet health care needs (Weber, 2019). Poverty can also affect the likelihood of a person seeking care for certain needs because of fear of financial burden. Patients will come from all walks of life and will all deserve quality care and treatment. Nurses at all types of healthcare settings have opportunities to interact with and positively affect the impoverished as well as the homeless population.

Cultural competence is an invaluable skill for any person. The world is becoming more integrated and intermingled everyday with no signs of stopping. Because the likelihood of coming in contact with a culture different than one's own is so high, people need to become culturally competent in order to have positive interactions with other cultures. Cultural competence involves the "capacity of the health system to improve the health of consumers by integrating culture into the delivery of health services" (Henderson, Horne, Hills, & Kendall, 2018, p. 591). Understanding a patient's culture allows the nurse or other healthcare worker to know what is important to the patients as well as how to best communicate with them and their families.

However, biases can come into play when providing treatment to any group of people. Stereotypes, prejudices, and discrimination are all barriers that nurses must avoid or overcome. Being culturally competent and eliminating bias helps healthcare workers to provide appropriate and adequate care to all patients.

A stereotype of the homeless as well as impoverished patients could be that they are not trying to change their situation. A nurse may feel that his or her interventions may not be worth it

in the end if the patient is unable or unwilling to continue the process after discharge. Someone with little to no money may be very willing to try and continue care but for financial reasons, he or she may become unable to continue care successfully. Prejudices may evolve when a person has had an experience with one person of a population and now feel that all people of that population are the same or similar. If a nurse had a bad experience with one homeless person outside of work, he or she may assume that any homeless patient that enters the hospital or clinic will act the same. This may alter how the patient is treated, consciously or unconsciously. Discrimination would be the conscious effort to treat the patient or patient population differently, thus affecting the quality of their healthcare and subsequent outcomes.

It is a nurse's duty to put aside biases in order to provide proper care to all patients regardless of situation and background. Noticing that something needs to change is the first step. Nurses need to acknowledge where there are gaps in care, remain sensitive to patient needs, and work towards improvements. Being sensitive to a patient's needs includes tailoring care. "In tailoring care, nurses, for example, were found to use specific intercultural skills and knowledge to allow them to successfully interact and work with patients from a culture different to theirs" (Henderson et al., 2018, p. 598 ) It may be something as simple as creating opportunities for interaction with the homeless population. Weber (2019) found that the creation of these opportunities alone increased positive outcomes like self-esteem and satisfaction in overall health.

Personally, I know that working with at risk populations such as the impoverished or homeless is important, but I would definitely need to be aware of my preconceived notions. I have never been homeless, so it would be hard for me to put myself in their shoes. One aspect that I would be concerned about would be patients who are drug seekers. Addiction and homeless

can go hand in hand. That prejudice may be hard to overcome, especially if a patient is someone who repeatedly comes to the hospital or clinic. However, as a nurse it is important to be an advocate for the patient as well as being an educator.

By educating myself and gaining cultural competence, I can provide appropriate care to at risk populations such as the impoverished or homeless. Taking the time to ask the right questions to the patient can make him or her feel valued and cared for. Learning about the struggles of everyday life on the street may put into perspective what aspects of care are most important or achievable after discharge. I would learn what the resources are for the local population and be able to educate my clients on what is available to them. Additionally, being conscious of the cost of certain services or products may aid in the discussion of what to do after discharge.

Nurses are a part of the healthcare team that creates a health history and spends time getting to know the patient. It is important to be culturally competent in health care in order to provide the highest level of patient care. Patients will be from all different backgrounds and socioeconomic statuses, so nurse must be able to set aside biases for the sake of their patients' wellbeing.

## References

1. Henderson, S., Horne, M., Hills, R., & Kendall, E. (2018). Cultural competence in healthcare in the community: A concept analysis. *Health & Social Care in the Community*, 26(4), 590–603.
2. Weber, J.J. (2019) A systematic review of nurse-led interventions with populations experiencing homelessness. *Public Health Nursing*, 36, 96-106.

