

The Wrong Side of Town

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“I have neither given nor received, nor will I tolerate others’ use of unauthorized aid.”

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Every town has a rough side. It’s a side you don’t want to be on alone when the streetlights come on. You don’t leave your doors unlocked there. If you are unfortunate enough to live there, you bring everything of value inside or lock it up. Police officers can routinely be seen driving through these neighborhoods. Here in Charleston, it’s the north side. In general, it’s known by “Chucktowners” that the further north you go from the castle (or Lincoln Ave) the more the quality of homes starts to deteriorate. Eventually, you’ll reach Jackson Ave, which is the street on the south side of the square, and everything north of that gets a little rough. That’s including the shops and apartments above them that surround the courthouse. It becomes painfully obvious you’re on the poor side of town. The poor are desperate. Desperate people will lie to you, cheat you, and rob you blind to be able to afford their drugs, smokes, and booze.

The sad thing about this demographic is that being “poor” or “of a lower socioeconomic status” is that it is a self-inflicted, chronic, and genetic disorder. The children grow up poor, suffer from malnutrition, are exposed to secondhand cigarette smoke every minute they are in the house, and they are taught by their parents that it’s okay to underachieve because “mama and daddy weren’t smart either.” So, it’s acceptable to drop out of school, go to work in the factory for an insulting wage, and work themselves to death. It’s also acceptable to pick up smoking and excessive drinking in order to cope with all of your life’s failures. Finally, OF COURSE, bring another unfortunate child (or 4) into your life and raise them the same way you were raised.

It's an all too familiar scene in the healthcare world. Billy Bob comes into the Emergency Dept with Thelma and his grubby, snotty, kids. He tells them he has terrible pain of some sort, hoping to get some good pain drugs for the weekend. He's in the ED because he "can't afford" the \$5 co-pay at the walk-in and the ED doesn't have a co-pay with Medicaid. God forbid he passed up the fresh pack of Pall Malls in his pocket or didn't get Thelma that 44oz sodie-pop from Huck's. Or how about leaving Thelma and the kids at home since it's 20^o out and they have school in the morning? Furthermore, did you pay the water bill before you bought your carton of cigarettes and case of Natty? Because it smells like none of you have taken a shower in a week and have been marinating in a cloud of cigarette smoke. Your poor 12-year-old has developed a smoker's cough that would make a barrel-chested, "pack-a-dayer" cringe.

I think my biases are pretty obvious. I think the poor will always be poor. Their kids will be poor, their grandkids will be poor, and few will break the cycle. It's not the fault of the rich. It's the fault of the poor, more often than not. Why should they work harder to improve the quality of life for themselves and their families if the government is going to give them handouts? You take away the motivation to be successful or to teach your kids to reach higher. I want to be a nurse to help people who can't help themselves. It's going to be difficult to show the exact same compassion to help those who can help themselves but don't make any effort to try.

Cultural competence is "a developmental process that builds continuous increases in knowledge and skill development in the areas of cultural awareness, knowledge, understanding, sensitivity, interaction, and skills (Hood, 2018, p.281)." According to Hood (2018, p.281), "the journey to cultural competence begins with

an examination of attitudes, which reflect personal values, beliefs, bases, and prejudices.” This is the 1st step in a 6-step process to work toward acquiring cultural competence (Hood, 2018). When it comes to this particular vulnerable population, I can say with a certain level of confidence that this is the step I will struggle with for a long time to come.

However, it’s a bias that I realize I must set aside. After all, this population is a large portion of the types of patients that I can expect to care for if I’m to stay in this area and work at the local hospital. It’s important for nurses to have cultural competence, especially for the majority of cultures they will be expected to serve. That competence will help the nurse to better understand the patient, strengthen the nurse/patient relationship, build the patient’s trust, and enable the nurse to provide the best possible care (Kay Kittrell Chitty & Beth Perry Black, 2011). “Understanding a patient’s cultural background can facilitate communication and support establishing an effective nurse-patient relationship. Conversely, lack of understanding can create barriers that impede nursing care (Kay Kittrell Chitty & Beth Perry Black, 2011, p. 232).”

References

Hood, L. J. (2018). *Leddy & Pepper’s professional nursing(9th ed.)*. Wolters Kluwer.

Kay Kittrell Chitty, & Beth Perry Black. (2011). *Professional nursing : concepts & challenges (6th ed.)*. Saunders Elsevier.

