

Patient Above Prisoner

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N314: Introduction to Professional Nursing

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In this paper I am going to define culture competence and its importance of it in nursing care. I will also be discussing the unique individual needs of the prison population, and I will address the question if I would want to know the crime of the prisoner to who I have been assigned to deliver care to and reflect on any identifiable biases or judgements I have.

To begin culture competence is “individual values, beliefs, and behaviors about health and well-being are shaped by various factors such as race, ethnicity, nationality, language, gender, socioeconomic status, physical and mental ability, sexual orientation, and occupation. Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate these factors into the delivery and structure of the health care system” (“Cultural Competence in Health Care: Is It Important for People with Chronic Conditions? - Health Policy Institute”).

The importance of cultural competence in nursing care is important because no matter the person deserves to be treated with respect and dignity. No one should be treated because of how they look, their race, skin color sexuality, gender or anything else than what someone may use to deem them unfit to be treated with dignity and respect. Just because someone doesn't agree with a person on how they live their life doesn't mean that someone in the medical field care deny them with care.

I chose prisoners are my vulnerable population. The unique individual needs of prisoners have a huge range of possibilities they range from pregnant women to those in hospice care.

“For example, 44% of state and federal prisoners reported ever having had a chronic condition—such as cancer, cirrhosis of the liver, hypertension, and stroke-related issues—compared to 31% in the general population in 2011-2012, the most recent data available. Rates of diagnoses of infectious diseases—such as hepatitis B and C, sexually transmitted diseases, and tuberculosis—

were 21% among prisoners compared to 5% in the general population” (Colwell). Another reason they are a vulnerable population is because they don’t have access to all the medical assistance they may need while in custody and many prisoners come into prison and haven’t had medical attention for years. “Incarcerated patients are entitled to many of the same decision-making rights for medical treatment and procedures as nonincarcerated patients. Unfortunately, these rights are often violated due to ignorance by healthcare providers and arrogance and intimidation by corrections and law enforcement officials” (Dober). “Healthcare providers should advocate for their prisoner-patients when law enforcement officials are attempting to usurp those rights” (Dober).

To answer the question do I want to know the crime of the prisoner to whom I have been assigned to deliver care? I would have to say I would not want to know what crime they have committed. The reason I would not want to know what crime they have committed is because if they have committed heinous crimes or any crime against children or are a rapist I feel like I would not be able to treat them with the same respect and dignity that they deserve and just since I wouldn’t be able to do that I would prefer to be kept in the dark so to say. As I was looking up information for this paper, I found a quote from “Mary Muse a certified correctional nurse and director of nursing for the Wisconsin Department of Corrections. Muse has worked in correctional nursing leadership since 1995 and for the Wisconsin DOC since 2009.” And it stated “Everyone is an individual. Everyone has intrinsic value. They may have made some bad decisions, but that’s already been dealt with. That’s why they are here. It’s not our role to judge or impart sentencing or discipline. Our role is to care, apply knowledge and skill to assist the patient with healing, and to educate.” (Ginsberg). I agree with her statement and I feel like the

best way for me to be able to give my patients the best possible care is to keep my biases and judgement out of my care.

In conclusion culture competency is very important in nursing care. We are there to care for patients and help them get better not judge them or make their time in our care difficult for them.

References

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