

Vulnerable Populations APA Paper

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We as nurses have more than just a so-called “job” to do. We are what I like to call life angels; meaning we stand for not only the health of ourselves, but others as well. As nurses, one of our vital focuses is to provide the utmost care to the ill and injured, regardless of their socioeconomic status. Cultural competence is defined as a “developmental process that builds continuous increases in knowledge and skill development in the areas of cultural knowledge, understanding, sensitivity, interactions and skills” (Hood, 2014, p. 280). It is a concept that demands self-awareness, cultural awareness, the willingness to learn and interact with people from different cultures, and the ability to identify and acknowledge one’s own mistakes (Hood, 2014).

Who is to say who deserves the right to health care and who does not? In nursing care, it is imperative that a nurse is culturally competent. Within this paper, I will discuss the importance of cultural competence in low socioeconomic/homeless populations and discuss a few my own personal judgements and how overcame them.

People of a low socioeconomic status are considered those belonging to a population of whom may not have received a sufficient education, may be homeless, have low income, and/or have no occupation. People belonging to this population may need more access to resources, such as money, housing, healthcare, food, hygienic toiletries, transportation, or medical services. Due to exposure to inclement weather conditions over long periods of time, drug usage, disease, infections, little to no access to health care, poor hygiene/nutrition and contaminated/ inadequate living conditions, people of a low socioeconomic status, including the impoverished and homeless, experience countless medical issues. The health related issues this population may experience ranges from both acute to chronic. The homeless and people of a low socioeconomic

status have to deal with trying to survive on a daily basis in their harsh environments, which not only affects their physical health, but their mental health as well.

A few of my own biases about this particular population included denying quality care to a patient that may not be able to pay for healthcare services. I used to believe in an ideology of “if I can do it, you can do it” or the idea that a person should have taken better care of themselves or should’ve made better decisions. Be that as it may, my own experiences have further developed my character and the way I see others. Being a broke college student in nursing school and having access to adequate health care was quite difficult for me to find and finance. However, as I became more responsible for my own health as an adult and learned about what it means to be culturally competent, that previous ideology of mine changed slightly. Yes, I still believe that people should take responsibility for their own health, but, I also realized that not everyone is in a position to do so and should not be sentenced to a punishment of no quality healthcare.

In nursing care, it is imperative to be culturally competent, especially in order to develop and enhance health care affects and care quality. This in turn, may also help decrease racial and ethnic discrimination. We can provide cultural competence in this population by “providing interpreter services, provide training to increase cultural awareness, knowledge, and skills, coordinate with traditional healers, utilizing community health workers, including family and community members in health care decision making, locating clinics in geographic areas that are easily accessible, expand hours of operation, provide linguistic competency that extends beyond the clinical encounter to the appointment desk, advice lines, medical billing, and other written materials” (Brach & Fraser 2000). I feel that it is morally wrong to allow finances or socioeconomic factors to affect the quality of care given to people who are in need. By allowing

one's personal biases/ judgements to get in the way of another's health care, is not acting with beneficence. Everyone deserves the right to healthcare, especially those of a low socioeconomic status/ homeless. As nurses we need to uphold our respected reputation with cultural competence as a foundation for delivering utmost care to any patient in need.

References

- Brach, C. & Fraser, I. (2000). *Can cultural competency reduce racial and ethnic health disparities? A review and conceptual model*. *Medical Care Research and Review*, 57 (Supplement 1), 181-217. <http://doi.org/10.1177/1077558700057001S09>
- Hood, L. J. (2018). *Leddy & pepper's professional nursing* (9th ed.). Wolters Kluwer.