

Nurses and behavior to culture and cultural safety essay sample



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Culture is more than beliefs, practices, and values. Culture has commonly been defined as the worldview, lifestyle, learned, and shared beliefs and values, knowledge, symbols, and rules that guide behavior and create shared meaning within groups of people (Racher and Annis, 2007). Culture is understood as created by people through dynamic interactive processes. Culture is much more than ethnicity or one's ethnic, family, or national background. In order to achieve culturally safe interactions in health care settings, health care providers must pay attention to history, ethnicity, social class, gender, age, ability, sexual orientation, physical size, etc., as well as their assumptions, values, and beliefs about these experiences.

Nurses throughout their curriculum develop a culturally safe learning environment. They understand the limitations of an essential view of culture, and narrowly attributing and reducing behavior to culture and culture safety.

Nurses acquire the necessary skills through education and continuous training needed to provide culturally competent services . The health care team goal is to help the patient to return to the best state of health possible despite their cultural background. Nurses are therefore viewed as caregivers who work under the instructions of the doctors.

A nurse can help patients preserve their beliefs and values; other times, the nurse can teach patients why new techniques or technologies that are opposed to their beliefs are required for their recovery and wellbeing. We Nurses have the privilege of having this relationship with the patients due to time spent while providing the plan of care. Nurses are very flexible , have the skills and knowledge to give good care to cultures sensitive patients .

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Nurses takes a lot of self reflection, passion and openness to the discovery of things that are culturally different .

We nurses, are all bearers of culture by making ourselves aware of and challenge unequal power relations at the level of individual, family, community, and society.

The practice of nursing starts with a wide range of activities. Thus it is agreeable that it can bridge between medical science and medical practice. At later stages, is when nursing practice requires specialized knowledge and independent decision. Careers in nursing field take divergent paths (Marini, 2016). Nursing practice varies depending on the setting, for instance, by different disease, by the type of client and level of rehabilitation. Nursing care is so critical to the society and it can pose harm if practiced by professionals who are not prepared or competent. In its higher stage, because of the need to specialize in a specific arm of practice, a nursing practitioner may bridge to one specific medical practice.

There is me a full time nurse who been working at long term care home , different shifts day, evening and nights for the last 12 years develop unique relation with the patients at work. I still remember when I was new graduate, my first job at hospital and long term care as a casual nurse. In the beginning been budding up with other nurse for few days , scared of writing progress notes as English is not my first language, doing dressings, and sometimes making little mistakes. By the end of few months , I develop more and more independence, sometimes working independently on the floor without a RN, playing an active role, doing Doctor day by myself,

transcribing new orders by myself, doing assessments , calling families , and <https://assignbuster.com/nurses-and-behavior-to-culture-and-cultural-safety-essay-sample/>

other health care team involved, writing care plans and updating them several times .

I am been working 8 hrs per day , taking care of patients ever need, form a special bound with them. I come to the floor at 06: 45. My shift starts at 07: 00. I come early so I have some time to do the Narcotic count, go over the chart, review the last MD orders, check how my pt were doing over night and talk with the night shift nurse. We don't have verbal report on our floor as night nurse covers two or more floors , so I find this to be very useful. At around 07: 00 I review my patients care plan and any new orders , I prepare my meds for the day and by 07: 30 if all goes well I'm down the halls, to do my first round , to take a first look at my pt's making sure they are ok. I do AM care. then 09: 00 meds and I try to do charting by 10: 00. After that the my day evolves around medication administrations, treatments, dressing etc. There is lot -lot of paperwork. there is lot of time spent over a computer , writing progress notes

I then go back to the pt. who's high priority with the BP machine to take vitals and then go see the rest. Once vitals are taken I give the 08: 00 meds and then I do AM care. then 09: 00 meds and I try to do charting by 10: 00. After that the day evolves around meds, treatments, dressing etc. On our floor we have a routine of doing rounds before and after breakfast, before and after lunch and right before the day shift ends. During these rounds we reposition pt., change diapers, make sure they are I usually start 0700 in the morning getting report from the night shift

References

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