Emerging standards of care nur

The diversity within the world's population Is changing hastily and Impacting health care globally. Although, many organizations have provided their definitions of cultural competence regarding health care, all organizations, health care providers, and patients have their own vision of what cultural competency entails. It is important that all providers use their individual understanding of the term to analyze ways to meet the standards of nursing care. With standards in place, organizations can develop tools which measure individual patient needs as well as measuring the effectiveness of the organization's culturally diverse practices.

As populations become more diverse, it is imperative that the gap In disparities of health care be closed. To ensure these differences are addressed, health care providers and patients must discuss the concerns without cultural differences hindering the discussion (What Is Cultural Competency, n. D.). All categories and specialties within the health care profession must overcome the challenges presented to them regarding the changing diversity of the populations that they serve. In the home health workplace, nurses have to be knowledgeable and cognizant of cultural diversities in order to provide the most efficient care possible.

Culturally competent care in my home health organization is based on providing consistent, continuity, equal, and quality care across the nursing continuum of care. Nursing plans of care are patient specific with attainable goals. The plans of care also follow specific physician orders and laws regulated by Centers for Medicare and Medicaid Services (SMS). My facility accepts patients based on medical diagnosis, type of insurance, location of residence, and type of skill needed thin the home. Accepted patients are

treated equally regardless of cultural background, ethnicity, or religious preferences.

The agency for which I am employed Is comprised of many disciplines with varying cultural backgrounds. Our team currently consists of physicians, administrative office staff, physician liaisons, nursing, social workers, physical therapists, occupational therapists, speech therapists, and interdisciplinary teams. Our staffing reflects multiple levels of education with varying degrees. Unfortunately, the agency's staff does not reflect the populations we serve. The gap in disparities between the medical staff and patients is considerably large due to multiple factors.

Education, the desire to better oneself, socio-economic status, and individual opportunities can present as problems as well as solutions to resolve issues noted within the workplace. The agency services a 50 mile radius from the main office. A vastly diverse population lives within the designated area. The cities we service range from poverty stricken with high crime rates and low education levels to high class, above average neighborhoods with advanced levels of education. Those considered of mid or high socio-economic status are the minority of the groups we service.

The constituents of the majority served include the low socio-economic who have no or limited access to health care. The agency provides care for all racial and ethnically populations. Infants and children under the age of 18 are generally not accepted for service. The agency has a psychiatric program in which the mentally ill makes up approximately 40% of patients on service. The populations we provide care to have continuously changing needs due to

the emends of the community and individual patient goals. There are many vulnerable populations that lie within our service area.

The most vulnerable population we provide care for is the mentally ill. This population may be unable to convey important cultural information to the nurse and other interdisciplinary team members. The majority of the mentally ill does not have a stable mindset and can often offer incorrect or misleading information regarding their history and cultural needs. Substance and alcohol abuse is more common Patients with infectious sissies are susceptible to receiving subservient care due to the stereotypes related to their diagnosed disease processes.

The most commonly seen infectious diseases are nonmetallic-resistant staphylococcus erasures, pneumonia, influenza, cellulite, sexually transmitted diseases, meningitis, HIVE/AIDS, hepatitis C, hepatitis B, and sepsis. Individuals who are from different cultural backgrounds than the nurse providing their care are also considered a vulnerable population. When nurses are assigned patients that have uncommon cultural backgrounds, the patients may not chive the appropriate care they deserve if the nurse is not knowledgeable of the culture.

Providing continuous education to the nursing staff will allow the vulnerable populations to receive improved care. Each health care organization should develop specific standards of practice to achieve culturally competent nursing care. The Office of Minority Health has implemented standards of nursing care to assist organizations to improve quality and equality of care

while removing the disparities present in the health care system (" The National CLASS Standards, n. D.).