

Culturally competent health promotion



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The Institute of Medicine (IOM) states that ??? Nurses have the opportunity to play a central role in transforming the health care system to create a more accessible, high quality, and value driven environment for patients??? (Institute Of Medicine, 2010, pg. 85). The Affordable Care Act of 2020 describes a new care structure, with new nursing roles to deliver a more holistic and culturally competent care in the United States health care system.

The main focus is centered on patient care needs. Health care is advancing care towards the community, focusing on primary preventative care rather than urgent acute care. The goal is to provide a seamless care from health care entities by allowing nursing to facilitate the transitions by practicing at their highest training, education, competencies, and abilities. The goals are to have a higher quality of care, less errors, and an increase in patient safety. Healthcare reform and its??™ delivery are necessary, and we must evaluate who and how we will deliver this care. Many cultures have similarities in how they view health. Health is often defined as wellness of the individual or family in relation to their environment. Strong religious beliefs seem to be what many cultures have in common.

Being of a Hispanic-white race, family is very important. Raised by a single mother with grandparents, all of who were white race, the only connection to the Hispanic culture has been with friends and community activities. Raised in the rural primarily white neighborhood with family traditions at major holidays, lead to a sense of identifying with the White ethnic group. Family

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always extends to close friends. The grandparents were of median class for the time and had specialty training and military affiliation. The mother graduated with an ADN in nursing herself and that is what inspired the knowledge of and having more of a sense of health and wellness.

Insurance was available then utilized more freely to prevent illness and monitor health. ??? In the U. S., health care is a commodity that can be purchased according to an individuals ability to pay??. Poor people cannot afford health insurance. That limits their access to health care service??. (Edelman & Mandle, 2009, pg. 40).

Many families and individuals are below or just at the poverty level, and lack the ability to pay out right for health care resources. With decreased ability to pay for even preventative services, patients who are ill will more likely accumulate bills for much more expensive services such as emergency room care and lengthy hospital stays. This can be financially and emotionally straining on low income families, thus keeping them in a cycle of illness and not promoting a state of wellness. Currently today in Oregon, health care has seen an increase in the Hispanic population. The low income biracial Hispanic-white family interviewed has strong connections primarily to the ethnicity of Mexican heritage, and has a stronger belief in utilizing modern medicine when urgency of illness exceeds their ability to manage it with cultural practices.

These practices have been shared and utilized throughout several generations. This Hispanic family has insurance but still feels unsure on its use and implications it will have on their health. Generally, the family looks

to their eldest for remedies and spiritual healing. There is a strong connection to the Catholic teachings and they are practiced daily through prayer. Elder members have difficulty with the modern health system due to poor English speaking ability, which causes challenges communicating with the provider. Family is integral to all aspects of wellness and illness and must focus on health as a unit. The second family is of the Chinese-Filipino-American culture, and has a somewhat different outlook on the health care system as well. They have a strong sense of family connection and belief in imbalances of energy (Ying, Yang, Chi, and Jing) within the body to the physical environment.

??? An imbalance in energy can be caused, for instance, by yielding to strong emotions or eating an improper diet. In their interactions, humans and the universe are both susceptible to the elements of earth, fire, water, metal, and wood??? (Edelman & Mandle, 2009, pg 36). The use of herbs, meditation, message, and acupuncture are just some of the alternative practices used in conjunction with modern medicine. This family is very educated and takes pride in maintaining harmony or health. Nurses have been instrumental in leading change in the health care system since its beginning of time through development of safety processes, advanced technology, education, nursing practice delivery, and development of initiatives and regulations. Nursing is very adaptable and constantly collaborating with other health care entities to redesign the delivery of care in accordance to patient needs. Further expansion of the roles of nurses and their practice delivery is crucial to the future of the health care system as it??™s developing into a quality of care rather than a pay for practice model.

It is important for nurses to continue to grow and learn about their patient populations needs to deliver quality, functional nursing care to facilitate health and wellness amongst all individuals and communities. Many cultures have practices that are based on the individual as part of a family unit, and focus on a set of religious beliefs that guide their health care. It is important as a nurse to understand the idea of different practices, such as the Jehovah's Witness religion and non-use of blood products, and how we need to accommodate our delivery of that care to incorporate others beliefs while promoting optimal wellness and health for the individual as well as the family and community.

Today we must be more aware of cultural differences and deliver culturally competent care. In delivering this care nursing must appreciate, respect and behave in a way that demonstrates that respect of the diverse cultural differences seen in practice today. Nursing continuously needs to work towards this competence by addressing: awareness, knowledge, skill, encounters, and the desire to have cultural competence (Cresia & Friberg, 2010). When the health profession limits their cultural spectrum it limits the delivery and ultimate goals of effective health promotion throughout all stages of health promotion. References

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