

Patient care and the effects culture can have



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This essay is going to focus on my experience of caring for a patient who was admitted on a forensic ward in relation to culture diversity and the impact this had on my ability to communicate and engage effectively with them.

Due to confidentiality NMC (2008) am going to refer to this patient as Mr Kay. Mr Kay is a 50 year old Caucasian man who was admitted on a forensic after being transferred from prison and was detained under section 37/41 of the Mental Health Act 1983 under the legal category of mental illness with a diagnoses of schizophrenia. According to his family background Mr Kay's parents were alcoholics and separated when his was eleven and he moved to Glasgow with his mother in 1972 and was placed in a group home. He is the eldest of four siblings' two sisters and a brother and has been diagnosed with schizophrenia. At age fifteen he was considered beyond control by his family and was given into the care of local authority. Records indicate that he had been in various flats and hostels around London. He has a history of heavy drinking and polydrug use (including cocaine, LSD and cannabis). He has had 33 convictions between ages 14 and 25 years offences including theft, deception, ABH, indecent assault burglary and various assaults on police. He has delusional belief that the police officer he bites in the neck died from bleeding and this lead to him being demitted in hospital. He has been instutionalised for almost 25 years.

Mr Kay had very little interaction with staff and other service users and would only approach staff when definitely a need and this was due to the fact that he did not approve of him being cared for by a black person. During his ward round he expressed that he was not happy that his sisters had black

children and this had made him bitter towards any black person hence the negative attitudes towards staff.

It is important to recognise and acknowledge cultural differences and needs because awareness is imperative in health care delivery and practice (Joe, 2006). Awareness of cultural diversity affects diagnoses, assessment, and intervention strategies for patients. Communication is a vital part of cultural interaction that takes place between health care providers and client. Patterns of communication are influenced by culture and not only include language differences but verbal and non-verbal behaviours as well (Warren, 1997). According to (Prunell & Counts, 1998) nurses must culturally assess each patient individually while keeping in mind that differences can occur not only between cultures but also within cultures and that culture affects how mental illness may be exhibited. Cultural competence encourages the nurse to proficiently develop cultural awareness, knowledge, skill for use in areas of nursing education, practice and research in order to promote effective and quality health care delivery patients (Campinha-Bacote, 1997). This also encourages nurse to acknowledge, value and accept a patient's cultural belief. Cultural incompetence creates patient non-compliance and inadequate interventions because it negates the importance of culture (Spector, 1998).

The patient cultural needs were met I communicated with the other staff on the ward and it was decided that at first the patient had a one to one session with the primary nurse. During the meeting Mr Kay seemed guarded and did not say much of his views on the matter but only managed to say that he was not comfortable working with staff of black origin hence he was

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reluctant to participate in any therapeutic interventions if they was a black person involved in the activity. According to (Peplau, 1952) nurse and patients begin as strangers and work collaboratively in providing care. Providing a structure decreases the withdrawal and isolation of quiet and non-participating patients to decrease or stop dysfunctional behaviours. The primary nurse and me agreed with the patient that we were going to raise the issue in the ward round to others members of the multidisciplinary team, he was missing out on the activities that would help them in their rehabilitation process and this would prolong their stay in hospital. I recorded the meeting that had taken place in the patients notes in order that information would be passed over to other staff and that if they would see the patient behaving in certain way would having an understanding of what was happening. | As stated by Springhouse (1995) documentation is an effective communication of clients status between health care providers and helps in providing quality care and minimises errors. During the ward round I presented to other members of the multidisciplinary team what the patient felt and it was discussed that it would be helpful may to try and gain trust from the patient and may encourage and remind them when they have sessions to attend and try to point out how this would be helpful in their rehabilitation process Mr Kay was also called to express how he felt and the team told him that that they respected how he felt but it would be helpful if he would try and work with the staff as they were there to help him in his recovery and non participation would only slow he rehabilitation process and prolonged stay in hospital or being sent back to prison for him to complete his sentence. According to (Joe, 2003) responding effectively means being sensitive to individual cultures in its broadest dynamic sense not only a

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patient ethnicity but also their socio-economic background education, prior health experiences, religion and also the importance of structural influences on health care experience, such as racism and social inequality. He expressed that he felt he would try and work with the staff and that it would take time for him to engage fully with the staff.

Due to Mr Kay's beliefs he missed most of his session, which were supposed, to help him towards his rehabilitation process and this led to him being perceived as someone who did not want to participate. The patient's negative attitude towards me made it very difficult to engage with him as sometimes he would never respond to anything I was saying and was difficult to know whether he understood what I was saying. This made it quite difficult for other staff and sometimes other staff would avoid any contact with him, which was not good for the patient. I felt that although Mr Kay was encouraged to express his cultural views he only agreed to engage with the staff because they were very few options for him, but he had very strong views of working with black people. The way the team handled the situation showed that discrimination is not acceptable and that it is important to encourage patients to express their view and if they lose control it is important to provide a structure taking temporary control (Forchuck, 1992).

I have learned that what we consider as ethnic minorities or people from other backgrounds is different from the number of patients in psychiatric hospitals. As mostly the patients are from an Afro-Caribbean background and patients from white backgrounds are a minority. Mostly these patients feel that their needs are not being met as they feel that too much emphasis is put on trying to meet the ethnic minorities' needs and feel that they are being

neglected. As stated by (Worthing 1992) that patients are more compliant with their health care programmes and outcomes are more successful if patients' cultural needs are incorporated into assessments, screening, interventions and protocols. Culture is a critical component of a person's and affects one's health care attitudes and actions in relationship to one's ability to understand and utilize the interventions. According to (Stewart, 1998) culture affects how mental illness may be exhibited and behaviours may be misinterpreted as pathological if a nurse is not aware of the patient's cultural beliefs and norms as they relate to health care actions. The psychiatric patient maybe labelled, as being noncompliant may have not frequently received appropriate or culturally competent nursing care. The new mental health culture has seen the role of the patients changed and their rights have been clearly defined and patients have greater knowledge about their illness. They are active participants in the development and implementation of their treatment process and know more about themselves, the health care system and management of their illness . It is important to note that therapeutic communication focuses on the patient but is planned and directed by the professional and that the professional is obligated to share information within the treatment team. The nurse is a patient's advocate and not a patient's friend (Kemper 1999).

The broader issues that arise from this situation are that although there is a clear policy on that patients have to be active participants in mental health service development and delivery, however research shows that negative attitudes of health professionals to patients has been a significant barrier to the realisation of this policy goal (Roper&Hapel, 2007). It is also important to

note patient's history is vital as this helps to relate to some of the issues that may arise as they may be issues that may have happened in the past and begin to surface because of a current or similar situation.