Emerging standards of care

An increase In health disparities among minorities is a growing problem In the united States and is due to the poor quality and accessibility of health care services provided to these individuals. In the intensive care unit, care is focused on life saving treatment with little attention to cultural care.

With the rising population of minorities seen In the Intensive care unit, It Is Imperative for critical care nurses to become culturally competent to provide to best care possible to their patients and rate a plan of care that they will have the resources to maintain compliance. According the Department of Health and Human Services' Office of Minority Health (201 1), " The increasing population growth of racial and ethnic communities and linguistic groups, each with Its own cultural traits and health profiles, presents a challenge to the health care delivery service industry in this country.

The provider and the patient each bring their individual learned patterns of language and culture to the health care experience which must be transcended to achieve equal access and quality health care". Cultural Competence. To be a culturally competent nurse means " having specific cognitive and affective skills that are essential for building culturally relevant relationships between providers and patients.

Obtaining cultural competency is an ongoing, lifetime process, not an endpoint" (Kerrey-Matthias, 2012). Cultural competence In the Intensive care unit also Involves the nurse recognizing the education level and language barriers of patients and families and their familiarity with the hospital environment. The intensive care unit can be a frightening place for those

with limited experience to invasive procedures and use of employ equipment.

Lingerer's Theory of Transactional Nursing defines this as culture shock: " The state of being disoriented or unable to respond to a different cultural environment because of its sudden strangeness, unfamiliarity, and incompatibility to the stranger's perceptions and expectations at is differentiated from others by symbolic markers (cultures, biology, territory, urging Theories, 2012). Many patients and family members In the Intensive care unit refrain from asking questions involving care because they are frightened or embarrassed; creating a barrier to care.

The critical care nurse should be sensitive to the cultural needs of the patient and family by explaining procedures and equipment. The nurse can use patient feedback to continue education by assessing what he or she already knows about the care they are receiving. Resources for non-English speaking persons should be utilized when explaining procedures and filling out forms to ensure understanding of these and for the safety of the patient. Populations Served. The average population seen In the Intensive care unit Is a mix of African Americans, Mexican Americans, Hispanics and underprivileged white Americans.

Although the united States collects statistical evidence on health disparities among minorities, it is still unclear what exactly predisposes these individuals to illness. This data is continually collected and may even be skewed as a result of cultural Incompetence. Commonly, the Influx of minorities to the Intensive care unit Is due to acute and chronic illnesses

related to heart disease, diabetes, obesity, stroke, and chronic liver 1 OFF care (Unites States Department of Health and Human Services, 2011).

Heart disease is the leading cause of death for most minorities in the United States and accounted or 25% of minority deaths in 2008 and is the result of other major health disparities including obesity and diabetes (Unites States Department of Health and Human Services, 2011). According to the Office of Minority Health (2012), African American women were 80% more likely to be obese that white non-Hispanic females in 2011.

African American males suffer from liver disease 70% more than non-Hispanic white males; both Hispanic men and women are twice as likely suffer from liver disease than white men and women (United States Department of Health and Human Services, 2011). Many of these health disparities are attributed to the culture of the individual including aspects of diet, sedentary lifestyles, and lifestyle choices. Hispanic and Mexican cultures believe that being overweight is a symbol of health and wellness, making nutrition education difficult for that culture (Lipton & Dibble, 2008).

The vulnerabilities of the minority population in the intensive care unit include the lack of quality healthcare resources, prevention of acute illness, and lack of compliance with health care regimens to prevent chronic illness. Whether the non- implicate of health care regimens is due to lack of resources or cultural choices, it is still the nurses' responsibility to educate and refer patients to increase the chance of a positive outcome. Standards of Cultural Competence. The Agency for Healthcare Research and Quality (ARQ) proposes that all Americans have the right to quality healthcare.

The ARQ is uncovering the needs, efficiency, and affordability of culturally competent care by researching statistics on minority health (United States Department of Health and Human Services, 2013). According to Keenan (2013), making progress on healthcare disparities is about equality, fairness, and the fundamental dignity of each person, regardless of her country of origin or the language she speaks" this should be the standard of cultural competence in any healthcare setting (p. 252). However, minorities are facing more barriers to care and receive poor quality of care when they do have access to it (Keenan, 2013).

In becoming culturally competent, the nurse must realize that the first time they see this patient may be this first time the patient has had access to any type of health care. In the intensive care unit, the severity of illness, need for immediate treatment and unit activity limit the time the nursing staff has to focus on cultural care; therefore cultural competence is limited in the critical care setting. Use of interpreters for filling out forms and educational assessments are small efforts being made to meet cultural competence in the critical care setting.

Delivery of Nursing Care. Many important decisions are made by patients and families in the critical care setting regarding treatment, invasive procedures, code status, end-of-life care, and organ donation. It is because of the sensitive nature of critical care that nurse should remember to be culturally cognizant to ensure that the patient and family understand the treatment plan. In providing care that is against a person's culture, the nurse may do more harm than good and destroy the trust of the nurse-patient relationship.

The nurse should remember that the delivery of nursing care is to be based on the wishes of the patient, whether or not the nurse agrees with that choice. Lingerer's theory of Transactional Nursing defines Cultural Awareness as " an in- and assumptions about other people" (Nursing Theories, 2012). Culturally competent nurses deliver Culturally Congruent Care which is " care that fits the people's valued life patterns and set of meanings which is generated from the people themselves, rather than based on predetermined criteria" Nursing Theories, 2012). Solutions.

Nurses in the intensive care unit should adapt the plan of care to encompass the patient's culture. As the patient advocate, it is the nurses' responsibility to make all involved in the interdisciplinary plan of care culturally aware. Traditionally, nursing care begins with an assessment followed by diagnosis, intervention, and education. According to Cowmen & Marmoreal (201 1), " explaining health disparity from a biophysically perspective provides an explanation that is more plausible than the previous limited theories of causation" and is the key to creating a culturally competent plan of care (p. 75). To provide care from a biophysically perspective, including a cultural assessment, such as the Purcell Model for Cultural Competence, along with the admission and head-to-toe assessments may help to break down barriers of care and assist in creating a plan of care that maximizes the benefit of the attain. The Purcell model for Cultural Competence is an assessment tool created to assist nurses to incorporating culture into their plan of care.

The Purcell model is comprised 12 domains including overview/heritage, communication, family, workforce issues, vocabulary ecology, high-risk behaviors, pregnancy and childbearing practices, death rituals, spirituality,

and health care practice. (Purcell, 2002). These phenomena were developed from theories of anatomy, physiology, anthropology, ecology, biology, psychology, pharmacology, religion, political science, linguistics, story and economics making it a well-focused interdisciplinary assessment tool (Purcell, 2002).

The nurse can get a better picture of the patients' culture and intervene as needed by incorporating cultural domains into the nursing assessment. With time constraints in the intensive care unit, nurses may be reluctant to conduct this assessment on every patient admission. For that reason, a portion of the admission assessment could be included to ask brief questions related to culture and flag the need for further cultural assessment.

Lingerer's Transactional Theory includes three nursing decisions that should be made once a patient's culture is identified: cultural preservation or maintenance, cultural care accommodation or negotiation, and cultural care re-patterning or restructuring (Nursing Theories, 2012). It is at this point the nurse can help the patient identify aspects of their culture that could be contributing to their disease process and assist the patient to choose health care regimens that do not offend their culture but promote health; this includes diet, lifestyle changes, and home remedies.

Involving case managers and social workers onto the plan of care can also help to decrease the workload of the nurse; as these disciplines are also trained in culturally competent care. Case managers and social workers are the critical care nurses' most valuable access to resources for their patients and should be incorporated into the patients' care as early as possible.

The emerging standard of nursing care is to become culturally competent and ensure that all patients, including minorities, have access to affordable, quality care that encompasses their culture and beliefs. As the patient advocate, the nurse must acquire education and skills in this area and incorporate culture into their nursing providing excellent care to their patients and protecting them from harm while influencing them to be compliant with care regimens and form trusting relationships with healthcare providers.