

Emerging standards of care final revision essay



Department of Health and Human Services”, 2013). As a registered nurse, it is important to work in an environment where cultural competence is evident because it increases the level of comfort between patients and providers that results in efficient treatment and care. This paper will discuss the cultural competency and diversity in my workplace, the population being served and their specific health vulnerabilities, and the impact of delivery of nursing care.

Organization’s Cultural Competence Standards I am currently working at a public hospital in San Mateo County that consist of outpatient clinics with medical managing and laboratory services, 64 bed General Medical-surgical unit, seven bed General Medical Intensive Care Unit, and long-term care facilities. The emergency department in our facility provides 24-hour emergency care. Unfortunately, we do not have a Trauma Center, so transfer services are provided for patients requiring highly specialized care and treatment.

I currently work in the Intensive Care Unit, which cares for patients with critical care conditions that includes stroke, respiratory distress, sepsis, and life-threatening arrhythmias. According to Cowmen and Moorhens 201 1), “one of the significant challenges for nursing is to meet the cultural needs of a growing cultural group in America” (Cowmen and Moorhens, 2011, p. 522). Working in a healthcare field, it is important to have the ability to appreciate and embrace diversity of patients’ values, attitudes, and beliefs because it establishes a respectful relationship with others.

An internal standard of Cultural Competence is evident in my facility and states that the goal is to treat patients in ways that respect and account for their cultural and linguistic backgrounds. In an effort to address the ultra competence of the organization, several programs were tailored to meet the needs of the San Mateo County residents. In comparison to the National Center for Cultural Competence Standards (2015) website, most of the cultural competence are achieved under the organization's internal standard of Cultural Competence.

This includes staff training, community involvement, and language access. For example, in terms of recruitment and hiring process, it was stated that the organization will promote, at all levels of the organization, a diverse medical and support staff that presents a demographic characteristic of the hospital's patient population that can communicate with patients in their primary language. In terms of staff training, the hospital does an excellent performance on providing an ongoing, education, and training in culturally and linguistically appropriate delivery.

This includes the use of medical interpreter at the bedside direct patient care. The hospital also promotes components of cultural diversity and sensitivity to hospital orientation and provides an annual competency to employees. An in-depth information, training and sources available are discussed in hospital orientation to enhance multicultural knowledge and proficiency when interacting with patients.

According to the National Center for Cultural Competence (2015) Policy Brief 4 for Culturally Competent Strategies for Engaging Diverse Communities, “

<https://assignbuster.com/emerging-standards-of-care-final-revision-essay/>

healthcare organizations should give careful consideration to the values and principle that govern their participation in community engagement”

(National Center for Cultural Competence, 2015). When dealing with community involvement, my current organization has developed several programs that offer to implement services that respond to the cultural needs of the San Mateo County population.

To name a few, successful programs such as Parent Project, Health Ambassador Program, Youth Mental Health, and Storytelling Series are some examples that the organization is actively involved in serving the community. The Parent Project services is a 12-week course through which provide parenting skills to every parent or caregivers relationship with their children (San Mateo County Health System, 2014).

One of the major accomplishments of the Parent Project program in the San Mateo County between June 2010 and December 2013, the county offered 15 free Parent Project workshops to over 250 participants wherein six workshops were taught in Spanish and targeted Latino; seven were in English and targeted Pacific Islanders and African-Americans (San Mateo County Health System, 2014). Equally important is the Health Ambassador Program, which includes learning activities for interested individuals in enhancing their knowledge and skills in supporting others who are in need of emotional support.

One of my favorite immunity programs that are offered in the organization is the Youth Mental Health First Aid. This is an eight-hour program where participants are introduced to risk factors and warning signs of mental health

problems in adolescents. Early intervention of detecting a youth who is currently going through a crisis is being taught in this program in addressing crisis prevention in adolescent. According to San Mateo County Health System (2014), “ 90% felt that the training increased their awareness of the needs of different cultural communities” (San Mateo County Health System, 2014).

Furthermore, the Storytelling Series program is an influential activity wherein an individual shares their stories in a form of digital media to promote and draw attention to behavioral health and community issues in the county such as racism, discrimination, and poverty to eliminate the stigma of substance abuse. The organization’s accurate plan and implementation of community-based services address the needs of the diversity of the county population. Moreover, under National Center for Cultural Competence (2015) Policy Brief 2 for Linguistic Competence in Primary Health Care Delivery Systems, “ Federal law Title FL-

Prohibition Against National Origin Discrimination mandate the development of policies and procedures that address the language assistance needs for effective communication between social service providers and persons with limited English proficiency’ (National Center for Cultural Competence, 2015). My current organization believes in accurate and efficient communication between patient and clinicians as an essential component in delivering quality care. Bilingual and interpreter services are provided only by linguistically competent staff.

This is identified by an approved assessment process, or medical interpreters who have completed an approved training. A Language Assistance Services Program is also offered to staff in accessing “ in-person interpretation, document translation, and telephone interpretation through contracted language agencies” (San Mateo County Health System, 2014). The language services that my organization offers is available at no cost to each patient with limited English proficiency in a timely manner and easily accessible to patients.

Patient related materials including consent forms and medication instructions are easily understood and readily available to our patients. Most of the standards of cultural competence being used in my organization are being met and clearly identified and is being executed in practice. Since standards are being met, there are no additional suggestions that can be provided at this time. Population in the Workplace In 2013, According to the United States Census Bureau, San Mateo County has an estimated population of 101, 128 (United States Census Bureau, 2014). The percentages of Caucasians are 46. 5%, 26. % are Hispanic or Latino, 18. 9% are Asians, 2. 4% are African-American, and 0. % are American Indian and Alaskan Natives (United States Census Bureau, 2014). Health status indicators in San Mateo County presented an overview of hospitalizing data via internet in order to determine the health status of every individual in the community. According to the County of San Mateo Health System (2010), based on the hospitalizing discharge data collection, the number one cause of hospitalizing in the county are related to heart disease with an average annual rate of 105. 3, second is cancer with an average annual rate of 45. ,

and fractures with an average annual rate of 38. (County of San Mateo Health System, 2010). The San Mateo County Health System (2010) categorized the county hospitalizing into three: injury-related hospitalizing, substance-related hospitalizing, and avoidable hospitalizing. Each data collection is grouped and classified based on age group, gender, and race. Hospitalizing by Age Group, Gender, and Race The elderly population ages between 65 and older ranked as the highest age group with an average annual age distribution of thirty-four percent to be hospitalized in the County in 2010. County of San Mateo Health System, 2010). Leading cause of hospitalizing in elderly population were cardiovascular and cardiovascular disease related of which majority are male (County of San Mateo Health System, 2010). On the other hand, injury-related hospitalizing mostly occurred in people between the ages of 45 years and younger (County of San Mateo Health System, 2010). One of the leading cause of injury-related hospitalizing were use of substances in therapeutic use, second is fractures due to unintentional falls, and complications of surgical and medical care (County of San Mateo Health System, 010).

It was described in the San Mateo County Health System website (2010) that there is a definite distinctive evidence between racial groups in injury-related hospitalizing. For instance, Caucasians were classified as the highest hospital rates due to unintentional fall and African-Americans were ranked highest with injury purposely inflicted injury (County of San Mateo Health System, 2010). Hospitalizing that are due to suicide and self-inflicted injury in San Mateo County classified women to have a higher rate than men in the year 1992-2002.

Examples of suicide and self-inflicted injury in the County are “ 79% to poisoning by solid or liquid substance followed by cutting and piercing instrument” (County of San Mateo Health System, 2010). In terms of substance abuse-related hospitalizing, the number one leading cause in the San Mateo County community was chronic alcoholism. Highest population rate under substance abuse-related hospitalizing are African-American with an average annual rate of 113. 5, followed by Caucasians 72. 4%, Hispanics 40. %, and Asians 14. 8 (County of San Mateo Health System, 2010). Equally important is the Avoidable Hospitalizing cases in San Mateo County.

Avoidable hospitalizing are described as medical conditions that are can be prevented and be treated in outpatient clinics with a timely appropriate interventions. In San Mateo County, avoidable-hospitalizing ranked higher among the African-American population among all age groups and Hispanics under one-year-old being second(County of San Mateo Health System, 2010).

Disease conditions such as pneumonia, congestive heart failure, asthma were considered as the avoidable diagnosis hospitalizing that usually occur in San Mateo County. Specific Vulnerabilities Truly, San Mateo County has an increasingly diverse amount of individuals living in the community based on the United States Census Bureau data. One of the important steps in planning to achieve diversity and cultural competence in a community is by identifying the population’s specific vulnerabilities. Hospitalizing discharges data can reflect an indicator of access and quality of healthcare in the community.

In San Mateo County, it was described “ hospitalizing rates have linked with lack of health insurance coverage due to community’s low socioeconomic

<https://assignbuster.com/emerging-standards-of-care-final-revision-essay/>

status, lack of transportation, lack of knowledge, language barriers, mental health problems, personal and cultural beliefs in the value of medical services” (County of San Mateo Health System, 2010). Pneumonia is mostly common to the young, elderly, and miscomprehended in San Mateo.

Pneumonia affects all racial and ethnic groups between the years 1992 – 2000 and majority was African-American that was significantly affected (County of San Mateo Health System, 2010).

Congestive heart failure was also evident in San Mateo County as one of the most frequent hospitalizing diagnosis in the community. Mostly 46. 2% African-Americans were diagnosed with congestive heart failure diseases hospitalizing in San Mateo, Caucasians being second highest ranked with 27. 1, and the remaining were Asians 23% and Hispanics 22. 5% (County of San Mateo Health System, 2010). Another medical condition that substantially affects the community is asthma hospitalizing diagnosis.

Asthma hospitalizing in San Mateo mostly occur to children ages one to four, of which African-American population were ranked as highest rate in all age categories and race and ethnicities (County of San Mateo Health System, 2010). Impact of Delivery of Nursing Care There are several areas that nurses should be aware of how cultural competence and diversity affects the delivery of care to families, individuals, and communities. According to Cowmen and Moorhens (2011) “ cultural competence, global health care, and diversity are highlighted as mandates for professional nursing practice” (Cowmen and Moorhens, 2011, p. 08). One way that cultural competence affects nursing care is through education. As a registered nurse, it is imperative to understand and be knowledgeable of a patient’s culture in <https://assignbuster.com/emerging-standards-of-care-final-revision-essay/>

order to provide the appropriate quality of care and initiate an effective health outcome. When a nurse is educated and has a full understanding of different perspectives, dynamics, and cultural beliefs of different cultures out there, the delivery of nursing care becomes holistic.

Being educated about the difference cultural beliefs and dynamics in the healthcare field allows the nurse to provide care plan and interventions that are geared towards a specific individual's culture. Furthermore, nurses must take in consideration that cultural competence affects patient's nutritional needs. Savanna's and Gardener 2003) mention that some cultures have different approach and perspective when receiving nutritional needs. Other cultures perceive that various foods are banned based on their beliefs.

For instance, "cultures may have specific Kosher law to follow, including some Jewish and Muslim cultures... Others perceive medicinal qualities of foods such as seaweed soup views by Koreans as cleansing the blood" (Savanna's and Gardener, 2003, p. 25). The nurse must provide an alternative resource to the patients or request family members to bring patient's favorite food; depending on the nutritionist or physician's prescribed diet. In addition, the existence of cultural differences in our society affects and influence every individual's access to health care.

Culture plays an important part in one's lives. It influences and shapes one's perception towards life such as health, relationships, and behavior towards others. Cowmen and Moorhens (2011) describes "unique cultural beliefs affect how people perceive illness, explain pain, and define quality of care" (Cowmen and Moorhens, 2011, p. 562). Some culture prefers nontraditional

methods of healing such as “ massage therapy, acupuncture, and ATA Chi” (Savanna’s and Gardener, 2003, p. 5). For example, Asian elderly patients may prefer the use of unapologetically intervention over the use of advance medical treatments.

Nurses must promote respect and be able to include patient’s wishes into their nursing care plan when appropriate. Part of our Job in our nursing profession is to be an advocate for our patients. Nurses can overcome the language barriers with patients who are limited in English proficiency by using language interpretive services. When dealing with nonverbal communication to patients, nurses must have a proper training on how to e culturally sensitive when encountering different cultures. There are some Asian cultures where eye contact is prohibited (Savanna’s and Gardener, 2003, p. 5). The use of hand signals can be taken in many different meanings in different culture. For example, Indian cultures prefer using the right hand for eating and left hand for personal hygiene (Savanna’s and Gardener, 2003, p. 25). Nurses must consider administrating medication to the patient’s right hand. Thus, nurses should include cultural background of every patient in their clinical assessments to determine the roper care management. Another way that cultural competence affects delivery of nursing care is when dealing with advance care directive.

Not many cultures are comfortable when discussing the topic of death. Savanna’s and Gardener (2013) discuss “ some cultures may be very uncomfortable discussing advance care directive wishes, with DEN order and use of g-tubes” (Savanna’s and Gardener, 2003, p. 25). Nurses must be culturally aware and respect different rituals such as prayers, offerings,
<https://assignbuster.com/emerging-standards-of-care-final-revision-essay/>

chants, and use of incidents. Nurse must also provide enough resources to attain and patient's family members when dealing with end of life care.

Resources include chaplain services, palliative care, and counseling.

In Hispanic cultures, it is the norm to include the family in the process of end-of-life care decision (Savanna's and Gardener, 2003, p. 25). By showing respect to patients and families with different ethnicity and culture can establish trust and positive relationships. With the different perception of illness by culture, it is important for nurses to play a role as an educator by providing an effective communication to our patients. In meeting the needs of every patient; with proper assessment, the nurse must take into consideration to be culturally sensitive as every culture requires various interventions based on their ethnic backgrounds.

Conclusion Overall, cultural competence continues to challenge and influence our society in recognizing clinical differences based on every individual's values and perception in healthcare. In the field of nursing, our main goal is to promote an effective and delivery of safe care to our patients. Being culturally competent means one must practice to be culturally sensitive when providing patient care. Recognizing diversity means acknowledging and respecting each individual's beliefs and tradition.

In a healthcare organization, it is important to set a standardized cultural competence policy that provides guidance to all healthcare workers in serving the community with efficient and quality care. Working in an organization like San Mateo County that facilitates cultural dynamics and awareness can provide a positive contribution to the organization's goal of

achieving diversity and cultural competence. One way to eliminate the stigma of health disparities in our nation is by practicing cultural impotence in our everyday life.