Assessment

Cultural Aspects of Nursing

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I live in rural South Georgia. The dominant cultures in my community are African-Americans and Mexicans, who primarily own and work on their farms. The Southern heritage is widespread here and is characterized by a strong sense of community and rootedness. Because the South experienced minimal immigration in the 19th and 20th Centuries, its residents have a richer history than any other American region (National Academies of Sciences, Engineering, and Medicine, 2015). The long history partly accounts for their unique sense of family values, history, and heritage.

There is growing evidence that the classic racial-ethnic classification used to categorize immigrants based on color in the 20th Century is likely to become blurred in the future. As cases of intermarriages of both Latinos and African Americans become increasingly commonplace, this trend points to patterns of increased racial integration, which may result in the eventual blending of the lines that currently separate these ethnic communities (National Academies of Sciences, Engineering, and Medicine, 2015).

Healthcare can be analyzed through a cultural lens for both patients and healthcare providers. For patients, the individual cultural affiliation affects where and how they seek care, verbalize clinical symptoms, the adopted treatment options, and how they adhere to care recommendations (Brach et al., 2019). Similarly, the cultural orientation adopted by providers and the culture of medicine adopted during care delivery may affect care outcomes. It, therefore, follows that culturally incompetent nurses contribute to compromised patient safety. According to Brach et al. (2019), examples of patient safety events that may arise due to cultural incompetence among practitioners include diagnostic errors, harmful treatment interactions, and reduced patient engagement.

Shepherd et al. (2018) supported the above findings by reiterating that inequalities in wealth and opportunity are commonplace in the US based on race and culture. The report identified gaps across different health pointers between the broader US population and certain ethnic groups such as Hispanics, African Americans, and Indigenous people. The causes for health disparities across different ethnic groups in the US health system include poverty, inequality in terms of socio-economic status, linguistic obstacles, limited cultural competence among providers, and discrimination.

Improving cultural competence among nurse practitioners offers the promise of eliminating patient safety disparities. The proposed approaches for improving

cultural competence include: (a) acquiring language assistance; (b) engaging in cultural competence training; (c) using cultural brokers; and (d) acquiring proficiency norms and traditions that affect how care is provided (Brach et al., 2019). Based on the recommendations provided by Brach et al. (2019), language assistance may help overcome language barriers. It may take the form of interpreter services and provider proficiency training. Cultural competence training is the most commonly adopted strategy involving improved cultural awareness, knowledge, and skills that contribute to behavioral change.

Healthcare organization leaders seeking to adopt the best practices in cultural awareness should reinforce these strategies to enhance teamwork skills when attending to culturally diverse patients. According to Brach et al.'s guide, the following recommendations apply for healthcare leaders seeking to implement culturally competent care (Brach et al., 2019). At the outset is fostering a supportive culture that enhances the safety of diverse patients. Secondly, healthcare leaders need to enhance the current systems to identify medical errors instantly. Thirdly, it is essential to monitor patient safety routinely for culturally diverse patients. I recommend that nurse leaders adopt cultural and linguistic competence using cultural brokers to enhance communication among diverse patients, which is vital for engaging patients as collaborative partners in healthcare.

References

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