

**Cultural Competency and Ethics**

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### **Cultural Competency and Ethics**

The “Promoting Cultural and Linguistic Competency Self-Assessment Checklist” is a series of statements that evaluates the nurse practitioner's (NPs) cultural competency and linguistics in clinical practice. While completing the checklist, I marked “A” for things I frequently do and “C” for things I never do while considering patients of diverse backgrounds. For example, I selected “A” for the statement, “I understand that it may be necessary to use alternatives to written communications for some individuals and families.” During NURS 7550, I created a hypertension management project and implemented the project into clinical practice. I considered various types of learners while finding ways to portray hypertension disease, treatment, and lifestyle educational information. To inform my patients, I used an informational flyer, verbal instruction, and the “teach-back” method to interact with patients. Additionally, I used appealing colors and images and included simple terminology to increase patient knowledge and understanding. By considering diverse learning styles, I educated hypertensive patients while considering various ways to present essential educational points.

Additionally, I selected “A” for the statement, “Even though my professional or moral viewpoints may differ, I accept individuals and families as the ultimate decision-makers for services and supports impacting their lives.” I have demonstrated this statement in my nursing career as well as my NP program. As a registered nurse in the intensive care unit (ICU), I faced several moral and ethical dilemmas while providing patient care. Nevertheless, I always advocated for my patients and fulfilled my responsibility to carry out desired wishes and demands. As evident in my NP clinical rotations, I have focused heavily on primary care and health promotion. During NURS 7920 clinical, I had a diabetic patient with hypertension who came in for a routine wellness exam. As part of the wellness, it was recommended by his

cardiovascular risk score and current chronic illnesses, medications, and lab values that he would benefit from statin therapy. However, the patient denied statin therapy stating, “my numbers are not significantly high yet. I will just eat healthy and exercise for now.” Although I understand he would greatly benefit from adding this medication, I respect my patient’s viewpoint and ultimately left that decision up to him. Regardless of my professional or moral views, I strive to be an informational yet respectful NP while providing primary care services.

I also selected “A” for the statement, “I am aware of specific health and mental health disparities and their prevalence within the community.” Conditions such as hypertension, obesity, diabetes mellitus, hyperlipidemia, and depression are very prevalent in the population I serve. Conditions are screened by measuring vital signs, laboratory studies, questionnaires, and a detailed history and physical exam. As evident in my NP practice, I am aware that mental health is often overlooked in the population I serve. If a patient is found to have a high Patient Health Questionnaire (PHQ-9), a questionnaire used to assess the degree of depression, I use active listening to determine an action plan for symptom improvement. Additionally, I counsel the patient on the severity of the depression and work with them on which course of therapy may be beneficial. It is common for the patient to decide on medication therapy, but counseling services and community support groups are also discussed. As a future NP, awareness of health disparities in the community is essential for culturally competent care.

### **Question Two**

Regarding the checklist, a few statements were selected that I identified as a weakness while considering diverse backgrounds. I selected “C” for the statement, “For individuals and families who speak languages or dialects other than English, I attempt to learn and use keywords so that I am better able to communicate with them during assessment, treatment or other

interventions.” As an RN working in the hospital, I have encountered expected mothers who came in for labor and delivery. Considering the hospital's location, it was very common to encounter a pregnant mother who spoke Spanish or another language. I would contact the hospital's interpretation hotline and be sure that communication regarding her care was portrayed. However, I had a tough time communicating with these patients, and I feel that learning keywords would have been beneficial. As an NP student, I have only encountered one patient that spoke Spanish, and my preceptor mainly communicated with the family during the encounter. Therefore, if keywords or common Spanish medical terminology were known to the provider, communication could be increased, thus improving quality care.

I also selected “C” for the statement, “I ensure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures and languages.” As an NP student, I have never considered what type of printed materials are provided in waiting rooms. I have noticed the printed materials, but I have not considered whether they are culturally diverse and available in different languages. As a future NP, I plan on paying attention to informative healthcare booklets that are provided for patients in the waiting and patient rooms. Depending on the area where I am employed, I also plan on informing office staff that subscriptions to ethnic magazines may be a good option and will focus on the needs of the community. Therefore, ensuring materials reflect diverse backgrounds will increase patient satisfaction and attract patients of different cultures and languages.

Lastly, I selected “C” for the statement, “I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.” As an NP student, I have rarely considered the beliefs about food while educating patients with chronic illnesses. I encountered an Asian male patient that came in for a follow-up regarding recent lab

work. The patient was found to have hyperlipidemia along with other chronic illnesses, and medication therapy and a heart-healthy diet were suggested. The patient stated that his culture involves consuming a high amount of carbohydrates, including rice and fried foods, and that he must eat any food his wife prepares. Until this encounter, I have never considered the Asian population's beliefs regarding food and its preparation. As a future NP, I will try to be culturally aware when recommending diet changes and recommendations to diverse populations. I plan on working with my patients on a tailored treatment and lifestyle plan while considering cultural norms.

### **Question Three**

Upon reflecting on global and population health, the coronavirus disease (COVID-19) is a topic that involves various ethical debates concerning vaccination and mandatory requirements. The discussion of COVID-19 vaccine mandates is controversial in healthcare and social realms. Among both domains, I find myself unsure if vaccine mandates should be enforced in the healthcare industry and the community. However, as a healthcare professional, I am aware that the COVID-19 vaccine decreases disease severity and is currently the best defense available to prevent morbidity and mortality. Although I agree with the vaccine's effectiveness, I believe in the bioethical standard of autonomy and that the patient has the right to make voluntary informed decisions regarding their own health, including refusal of the COVID-19 vaccination (Olick et al., 2021). Additionally, individuals should not fear losing their job or being judged by the public when personal health information such as COVID-19 vaccination status is disclosed. Debates from each side of the vaccine mandate can be supported or not supported through bioethical standards such as autonomy, beneficence, non-maleficence, and justice.

According to Olick et al. (2021), healthcare personnel must put patients first and promote well-being, referred to as beneficence. Additionally, healthcare members have the duty of avoiding harm to patients, referred to as non-maleficence. Considering the two standards, mandatory vaccinations provide the best protection to patients, staff, and the public while offering minimal side effects. Although I highly respect autonomy, I do validate the point that if healthcare professionals are not vaccinated, then the public rates of vaccination will decrease. As a future NP, community members will appreciate my stand on mandating vaccines and may decide not to vaccinate based on my beliefs.

Although promoting community health is important, the bioethical standard of justice further argues against vaccination mandates. According to Rodger and Bruce (2017), justice describes the importance of treating people fairly and ensuring no one is discriminated against. Therefore, if the COVID-19 vaccine is mandated, patients may be forced to choose something they do not believe in to prevent losing their job or facing public scorn. More importantly, mandating the vaccine will strip away an individual's right to privacy, and those who decide not to vaccinate will be discriminated against. The moral framework of principlism is supported by respecting an individual's decision and trusting that they believe what is best for them (Rodger & Bruce, 2017).

In summary, I acknowledge both sides of the ethical debate concerning mandating the COVID-19 vaccine. I believe this is a highly controversial topic and reaching a decision to mandate would be very difficult. While exploring various ethical principles, I found myself on the fence of this debate and discovered both positive and negative aspects of mandating the COVID-19 vaccine. While my stance leans more on autonomy and a patient's right to privacy, I believe the vaccine has been highly effective and continues to decrease morbidity and mortality.

### References

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