Case study

During a family home visit, Maria asks the public health nurse (PHN) why she needs a colposcopy. After reviewing the documents, the PHN tells her that she is positive for human papilloma virus (HPV) and her Papanicolaou (Pap) smear shows cell changes that could, if left untreated, develop into cervical cancer. A colposcopy and biopsies are necessary to determine a more exact diagnosis and guide treatment. To the PHN's surprise, Maria looks stricken and begins to cry quietly.

After further conversation, the PHN realizes that Maria, who is from Mexico, believes that she has cancer. Maria understands English very well; therefore, the PHN has not used an interpreter. However, even if they had, their remarks may still have been confusing, because language is not the only difference between people from different countries. Their cultural beliefs may not be the same.

1. What cultural beliefs may be causing Maria's distress? Maria misunderstands the PHN when the nurse tells her that if the HPV is left untreated it could develop into cervical cancer. Since Maria is from Mexico, she assumes that the PHN is saying that she has cancer because of how the nurse delivered the diagnosis. In Mexico, diagnoses such as cancer and other major illnesses are delivered in a subtle manner whereas in other countries diagnoses such as that are delivered in a more direct manner.
2. How can mistakes, based on cultural beliefs and misunderstandings like this, be supported and turned into learning experiences? Mistakes similar to the one made with Maria can be supported and turned into learning experiences through cultural awareness and cultural competence.
3. What are some of the main cultural groups in the region or city in which you live? What are some of the smaller cultural groups in your city or region? Some of the main cultural groups in my region which is Eastern KY are Americans and Native Americans. Some of the smaller cultural groups in my region are Hispanics and African Americans.
4. How can PHNs strive to incorporate different cultural beliefs, values, and practices into their nursing care without stereotyping or prejudging clients? Nurses can become culturally competent through research, interacting with others from different cultures, or discussing different cultures with fellow nurses that have cared for patients of different cultures. Practicing cultural awareness and cultural competence can eliminate stereotyping and prejudging.

Maria starts explaining her symptoms with a story about her job back in Mexico, coming slowly around to how she thinks it might be related to her current condition. Although this could feel frustrating and ambiguous to the PHN, Maria is contextualizing her symptoms while also providing more detailed information about herself and her illness. If the PHN realizes that this style of communication is culturally valid and listens attentively, they may get much more helpful information about their client.

5. During home visits, differences in concepts related to time can occur with clients. How could the PHN continue to build the relationship while being aware of time constraints? Assess the patient's needs and prioritize nursing interventions based on the patient's needs.

When the PHN returns for another home visit, Maria tells them that she has not returned to the clinic for the colposcopy because she is concerned about the costs of the test and any further treatment. She reveals that she does not have any health insurance.

6. If Maria were a part of your community, what health care resources would exist for her? What information does the PHN need to know before making a referral? A healthcare resource that would exist for Maria if she were a part of my community would be Medicaid. The PHN would need to know Maria's full name, age, date of birth, income, contact information, and immigration status before making a referral.

Resources

1. American Academy of Nursing: Expert Panel on Global Nursing and Health. (2018). Standards of Practice for Culturally Competent Nursing Care. Online: https://tcns.org/wpcontent/uploads/2018/03/Standards_of_Practice_for_Culturally_Compt_Nsg_Care-Revised_.pdf.

2. Campinha-Bacote, J. (2011). Delivering Patient-Centered Care in the Midst of a Cultural Conflict: The Role of Cultural Competence. The Online Journal of Issues in Nursing, 16(2). Online: http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No2-May-2011/Delivering-Patient-Centered-Care-in-the-Midst-of-a-CulturalConflict.html.

3. Heartland National TB Center. (2010). Beyond diversity: A journey to cultural proficiency- facilitators guide. Online: https://www.heartlandntbc.org/assets/products/hntc_cultural_prof_guide.pdf.

4. Case study is taken from the Minnesota Department of Health Center for Public Health Practice 651-201-3880 health.ophp@state.mn.us

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