**Activities: 1 For this assignment do the following.**

1.Choose one of the articles posted and read thoroughly. (This is the article I want you to use).

**I will attach the link to the article.**

2. Identify the theoretical framework used in the article (post the name of the theory).

3. Go the reference section of the article and identify/select at least one primary source and one secondary source (articles) that supports the theoretical framework (list only the reference of these articles).

4. Now, search the electronic database such as Gale-Infotract on LIRN, CINAHL, or ProQuest to identify the primary and secondary source articles you selected.

5.Post a brief review of the abstracts of the primary source and secondary source in the article you chose. Reference use APA 7 edition and use intext citation.

**Also, can you respond to these two-students post. For each post just use 150words**

May Boonmorakot - post

Cultural competence incorporates information, states of mind, and attitudes that help to tend to individuals across various dialects and cultures. Thus, culture impacts health practices as well as how the healthcare provider and the patient perceive illness. Cultural competence is defined as "developing an awareness of one's own existence, sensations, thoughts, and environment without letting it have an undue influence on those from other backgrounds; demonstrating knowledge and understanding of the client's culture; accepting and respecting cultural differences; adapting care to be congruent with the client's culture" (Duan-Ying, 2016).

Nurses can develop cultural competence in different ways. Still, the key elements are experiences with patients from other cultures, an open-minded awareness of these experiences, and a respect for cultural differences. As part of the development process, community-health nurses should assess their cultural competence (Duan-Ying, 2016). Using cultural strategies with clients from culturally diverse backgrounds, health professionals are likely to enable clients to feel the care is culturally comfortable.

Some of the cultural strategies are: Cultural care preservation is achieved by sustaining clients' cultural resources, for example, by providing appropriate facilities for women from Islamic backgrounds to pray (Campinha-Bacote, 2011). Cultural accommodation occurs with an adaptation of clients' or midwives' actions (Stanhope & Lancaster, 2019). For example, by modifying bathing for women from Chinese backgrounds postnatally (Duan-Ying, 2016). Cultural repatterning is accomplished by altering either clients or nurses (Stanhope & Lancaster, 2019). For example, changing the values and beliefs of older Chinese women regarding breastfeeding (Duan-Ying, 2016). Culture brokering is the act of bridging, linking or mediating between groups or persons of differing cultural backgrounds to reduce conflict or produce change (Stanhope & Lancaster, 2019). An example of cultural brokering is where nurse advocates for a physician rounding to be done at specified times for a patient (Campinha-Bacote, 2011).

For nurses, cultural mastery is one of the significant barriers to applying the strategy. The culture barrier allows the minority group or groups to be held at a disadvantage. Building trust is a problem in the course of creating a nurse-patient relationship. Trust helps patients open up to the nurse; respect is gained, acceptance of cultural diversity occurs, and competence is maintained. One evidence-based example explained how advocating Asian American culture in America is imperative. The nurse can help with the community's needs. By creating effective community partnerships and a cohesive, culturally competent vision for wellness programming, health education, and community outreach, patients will feel like they belong. In the Asian American culture, healthcare can be used to identify vulnerable populations since Asian American subpopulations experience some of the same prevalent chronic illnesses. Some of these diseases include, most notably diabetes and cardiovascular disease. In addition, a scarcity of health resources and information in Asian languages appears common to all Asian American subpopulations, which the nurse can advocate for and assist with this (Kim, & Keefe, 2010).

**Linda Magana - post**

How can community health nurses apply the strategies of cultural competence to their practice? Provide at least one example from each of the following four strategies: cultural preservation, cultural accommodation, cultural re-patterning, and cultural brokering.

In culturally competent nursing intercede nurses combine their skills and understanding among clients understanding and performs to sustain, protect, and restore culturally relevant care (Stanhope & Lancaster, 2020).

Some of the cultural competence can be performing a cultural competence self-assessment, improving communication and language barriers, engage in cross-cultural interaction with the client. The nurse is “able to recognize that the meaning of health differs with each culture” (Holman et al., 2019).

Respecting individual’s humanity and predilection, as well as recognizing cultural difference (Holman et al., 2019).

An example for cultural preservation that my ancestors use is Curador which means medicine man or shaman. It is a type of way they use to heal the body and spirit from illness. They tend to use Native American techniques or a mixture of African, Christian Native combination.

An example for cultural accommodation in my culture would be mal de ojo which mean evil eye. When babies are born, the mothers would put on a special bracelet that is made of beads to protect the baby from an illness caused by people looking at them.

An example for cultural repatterning in my culture which is the Latino community, a lot of people suffer from diabetes. We tend to eat a lot of carbs, like tortillas, rice, potatoes, and fried food and a lot of processed sugars. This can be harmful because it can develop diabetes and other health conditions. Educating the community in a respectful manner would help the community to understand and adapt to change.

An example for cultural brokering would be health clinics for the Latino community. Bringing the health care to them since a lot of the Latino community do not have health insurance. Also, because there are numbers of undocumented individuals who will be afraid to go to a hospital to seek medical attention.

**What is a possible barrier to applying the strategy/example chosen? Use an example that is different than the postings of other students.**

One of the main barriers for the example that I have chosen which is conducting a health clinic would be abstaining enough funding. It would be a barrier because the supplies are expensive, and this can affect people from not receiving adequate healthcare.