2.4: Cultural and Social Determinants Related to Medication Administration

Critical Thinking Activity

A nurse is providing patient education to a mother regarding a liquid antibiotic prescribed for her child to take at home. The prescription states amoxicillin 250 mg 1 teaspoon (5 ml) every 8 hours for 7 days. After talking with the mother, the nurse realizes the family does not have measuring spoons in their home.

What is the nurse’s best response?
Note: Answers to the Critical Thinking activities can be found in the “Answer Key” sections at the end of the book.

In additional to the legal and ethical considerations affecting the safe administration of medication, there are also cultural and social influences that the nurse must consider. The United States has become increasingly diverse in the last century. According to the 2010 U.S. Census, approximately 36 percent of the population belongs to a racial or ethnic minority group. Though health indicators such as life expectancy and infant mortality have improved for most Americans, some minorities experience a disproportionate burden of preventable disease, death, and disability compared with non-
minorities. [1]

The American Nurses Association Scope and Standards of Practice states that the need for health care is universal and transcends differences with respect to the culture; values; and preferences of the individual, family, group, community, and population. Diversity characterizes today's healthcare environment, and nursing is responsive to the changing needs of society. To effectively promote meaningful patient outcomes that maximize quality of life across the lifespan, the ANA states that nurses must embrace diversity and engage in culturally congruent practice. Culturally congruent practice is the application of evidence-based nursing that is in agreement with the preferred cultural values, beliefs, worldview, and practices of the healthcare consumer and other stakeholders. Cultural competence represents the process by which nurses demonstrate culturally congruent practice. [2]

In addition to cultural beliefs, conditions in the places where people live, learn, work, and play affect a wide range of health risks and outcomes. These conditions are known as social determinants of health (SDOH). Differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education. By applying what we know about SDOH, nurses can not only improve an individual's health, but also improve health equity for communities and the population as a whole. Healthy People is a government agency that provides science-based, ten-year national objectives for improving the health of all Americans. Healthy People 2020 highlights the importance of addressing SDOH with a goal to “create social and physical environments that promote good health for all” as one of the four overarching goals for the decade. [3][4]

The U.S. Department of Health and Human Services has also set national standards for Culturally and Linguistically Appropriate Services (CLAS) in health and healthcare. The national CLAS standards are intended to advance health equity, improve quality, and help eliminate health care disparities by "providing effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs." [5]

The U.S. Department of Health and Human Services (HHS) defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions. Adequate health literacy may include being able to read and comprehend essential health-related materials such as information on a prescription bottle. A nurse that values health literacy makes it a priority to implement systems and interventions such as visual aids and counseling that increase understanding and thereby advance patient safety. [6]

Examples of Culturally Congruent Practice Related to Medication Therapy

There are several instances when a nurse must assess and accommodate a patient’s culture or social determinants of health when administering or teaching about medications. One example was provided above when a nurse should assist a patient to read a prescription bottle and its instructions to advocate for patient safety.

Another example of culturally congruent practice is when a nurse must consider cultural or religious beliefs, such as

https://med.libretexts.org/Bookshelves/Nursing/Nursing_Pharacology_(OpenRN)/02%3A_Legal_and_Ethical/2.04%3A_Cult...
fasting, when administering medications. For example, a Muslim patient may participate in the Ramadan, which requires 12-hour fasting. A nurse can advocate for the patient and assist in altering the scheduling of medication to accommodate the patient’s belief and avoid the risk of treatment failure.

Drug Intake During Ramadan

A third example of culturally congruent practice is considering when a patient’s ethnic background may affect their ability to respond to medications. For example, African Americans often require combination therapy to treat hypertension, whereas Asian and Hispanic patients often respond better to lower doses of antidepressants.

You can read more about these cultural accommodations at the following article links:

Treatment of Hypertension Among African Americans: The Jackson Heart Study

Prescribing Medication for Asians with Mental Disorders

The US Department of Health and Human Services has created a free module for nurses to learn more about cultural competency.

Culturally Competent Nursing Care: A Cornerstone of Caring.

3. Social Determinants of Health: Know What Affects Health by Centers for Disease Control and Prevention is available in the public domain.
4. Social Determinants of Health by Healthypeople.gov is available in the public domain.
6. Health Literacy by Healthypeople.gov is available in the public domain.