# Introduction

* 1. Problem Statement: Because of incompetency of reception nursing staff, the Russian couple was made to wait longer while the wife suffered in pain; and the language barrier led to negligent mistake by nurses swapping the patients for wrong surgical procedures.

# Background

* 1. Overview of Case Study
		1. The Russian couple waited longer than necessary in emergency department with wife in critical conditions.
		2. The patients were negligent swapped for wrong surgical procedures.

# Issues Identified in Case Study

* 1. Negligence
	2. Lack of language intelligence
	3. Lack of cultural intelligence
	4. Lack of competency required to handle diversity of patients.

# Lack of Nursing Competency for Cultural Intelligence

* 1. For a nurse to be competent enough, it is important that she is not only skilled but also culturally, emotionally and socially intelligent. Inability to have these skills can lead to increased cases of ambiguities, confusions and negligent mistakes such as the ones mentioned in the case study.
	2. To improve these skills, nurses need to develop healthcare literacy.
	3. Nurses need to be competent enough to handle cultural diversity in patients.
	4. This will include:
		1. Overcoming language barriers
		2. Overcoming cultural stereotypes
		3. Overcoming any biases and opinions
		4. Acting in a professional manner to avoid any ambiguities and negligence.

# Negligence of Nurses on Behalf of Language Diversity

* 1. It is important that the nursing staff, specifically handling the interviewing and reception services, must be capable of handling linguistics diversity.
	2. There is no chance of negligence because of wrong pronunciation or lack of understanding of the dialect.
	3. The nurses should ensure validity, verifiability, reliability and precision of their documentations regarding the patients.
	4. Any issues in dosage or surgery recommendations can lead to life threatening situations

# Wait Time, Negligence and Cultural Profiling

* 1. The couple had to wait unnecessarily long while the wife suffered in pain
	2. Russian couple. Could the increased wait time be because of cultural stereotyping?
	3. Thoughts regarding health are, along these lines, cultural. They differ broadly crosswise over social orders and ought not just be characterized by measures of clinical care and sickness. Health can be characterized in overall terms or very neighborhood and recognizable ones (Melnyk et al. 2017).
	4. in clinical settings, an inclination to institutionalize human instinct can be, incomprehensibly, determined by both a nonappearance of attention to the assorted variety with which prosperity is contextualized and a guarantee to express both patient needs and caregiver commitments in generally reasonable terms.
	5. In order to overcome such instances, it is important that the healthcare practitioners including the nurses must work towards raising community welfare. This include general informative workshops and sessions, purpose-built campaigns, etc.
	6. In any of these approaches, the most crucial aspect is the ability of the nurses to connect with the society and overcome misconceptions regarding healthcare services and policies.

# Possible Implications and Applicable Legislations

* 1. In case of any nursing negligence, multiple code of conducts and liabilities can be applied. Some of these are:
		1. Criminal negligence
		2. Life-threatening situation on purpose/negligence
		3. Violation of professional code of conduct
		4. Violation of patient’s integrity
		5. Violation of healthcare’s integrity
	2. These claims or even worst can be applied on the staff since the negligence can lead to the following for the patients and their families.
		1. Financial Losses for the patients
		2. Emotional Distress for patient and the family
		3. Increased and unjustified Medical bills and anticipated future medical care
		4. Pain and Suffering for the patient as well as their families
		5. And Scarring and Disfigurement
	3. All of these implications are critical and need to be voided.

# Recommendations

* 1. Some of the recommendations are:
		1. Developing cultural competency skills.
		2. Capability to handle patient diversity.
		3. Capability to handle language diversity.
		4. Ensuring accuracy and precision in documentation
		5. Ensuring verifiability and validity.

# Conclusion

* 1. Ensure that the nurses do not lead to any negligent errors and ambiguities.

# References

Blackford, J. (2003). Cultural frameworks of nursing practice: exposing an exclusionary healthcare culture. *Nursing Inquiry*, *10*(4), 236-244.

Morath, J. (2003). Changing the healthcare culture: the consumer as part of the system of care. *Frontiers of Health Services Management*, *19*(4), 17.

Melnyk, B. M., Fineout‐Overholt, E., Giggleman, M., & Choy, K. (2017). A test of the ARCC© model improves implementation of evidence‐based practice, healthcare culture, and patient outcomes. *Worldviews on Evidence‐Based Nursing*, *14*(1), 5-9.

Chew, L. D., Bradley, K. A., & Boyko, E. J. (2004). Brief questions to identify patients with inadequate health literacy. *health*, *11*, 12.

Schillinger, D., Piette, J., Grumbach, K., Wang, F., Wilson, C., Daher, C., ... & Bindman, A. B. (2003). Closing the loop: physician communication with diabetic patients who have low health literacy. *Archives of internal medicine*, *163*(1), 83-90.

Nutbeam, D. (2000). Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health promotion international*, *15*(3), 259-267.