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Lack of minority nurses to provide culturally competent care

The increased number of immigrants coming to the U.S have diversified the health requirements. The number of cases being registered in the community health care hospitals involves patients that are from culturally different races. Sometimes it becomes difficult to treat patients who are not comfortable in getting treatment from nurses or doctors of different races or culture. For example, the Muslim female patients are reluctantly getting themselves treated by the male physician. This is the reason that their child delivery sometimes involves complexities.

Pearl Nagozka opines that there are patients who require special attention. The attention she attributed is getting them the specified nurse or doctors who can treat them well (Kolade, 2016). He has referred to this issue in her article in quite a different way. He has mentioned about the statistics of both the number of minority patients and that of the nurses available for them. He opines that the minorities must either be informed of the specific health facilities available or the number of doctors for the minority treatment should be increased. He has also referred to this scarcity in the domain of teaching about professional nursing. He mentions that teaching nursing to the minority students requires a tailored approach. He has identified some barriers in making understand some specific things to the minority students. His ideas have been shared by Dona and Samira. They mention that culture remains the primary factor in tailoring the approach of medication for patients(Reese & Beckwith, 2015). They mention that the nursing profession still has not adopted the methodologies of individual approaches. They opine that since each patient has the right to get the proper treatment, therefore the nurses or for some cases the doctors should be made trained over medicating the minority patients. They go on to mention that meeting the need of the minority ethnic patients remain an all-time different and unattended need of the medical profession.

 Popper (et. al) have rather opined differently to the specific need of the ethnic patients(Popper-Giveon, Keshet, & Liberman, 2015). They have opined that since it rests upon the government authorities to manage the flow of immigrants to the United States, therefore at first hand this problem could be solved. They have presented a case study of Florida, where the ethnic population adds more near the half of the total population. Since the article is a little old but it shows how things could be made better in nursing for the minority patients. Their approach is different in a sense that they have not considered training new nurses over treating the minorities rather they have opted for designing a general health care treatment plan for all patients. Zuwang Shen shares a kind of similar approach. They have mentioned that the states authorities that overlook the health sector must develop a general study which presents a comparison of the immigrant influx, the health problems being emerged from this influx, and the number of nurses or the paramedics' available for their treatment(Shen, 2015). They have also opined that since the cultural divergences remain important and will continue to expand, therefore, the nursing profession be made adjutant with the cultural diversification of the country. Finally, Areila and Yael maintain that cultural diversification is the core of the United States policies(Tavallali, Jirwe, & Kabir, 2017). It remains for concern for every organization associated with providing the health facilities to tailor the health needs of the minorities. They both have also opined that the cultural diversification in the Middle East is much less than that of the United States, therefore they have presented the case analysis of the Middle East. This study remains relevant in analyzing the requirements of the tailored health facilities in the United States.

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