1. J. M, a 42-year-old Mexican man, was the subject of my interview.
2. J. M. and I have common interests and are great friends.
3. Although we share common perspectives on the future, we were raised differently and were taught to believe different things. This essay will contrast and compare our perspectives on healthcare and our experiences with it while performing an assessment using the12 domains from the Purnell Model for Cultural Competence.

**Overview/Heritage**

1. When asked whether he interacted with his ethnic heritage, he claimed that most of his associates are Mexican, as in first or second-generation Mexican-Americans.
2. It's important to note how far we are from having lived in Mexico in terms of generation. Both parents must be full-blooded Mexicans to be considered the first generation.
3. Although J. M was raised in the United States, his childhood was focused on Mexican values. His native tongues are English and Spanish. However, he does not speak Spanish fluently and prefers to communicate in English.

**Communication**

1. Communication in Mexico is always indirect and subtle, and it is portrayed in a friendly and non-confrontational manner.
2. With the aim of preserving peace and preventing upsetting or offending the recipient, Mexicans will frequently disguise 'no' in answers such as 'maybe' or 'we'll see.'
3. You're more likely to see a doctor who is more engaged in a conversation and keen on your dialogue to make you feel better.

**Family roles and organization**

1. Family plays a crucial role in the recovery of a patient.
2. Mexican heritage really respects family life.
3. The typical indigenous Mexican family is organized as follows: Patriarchal: The head of the house is a father or grandfather. He is in charge of its structure, operation, and spiritual practices.
4. Patrilineal inheritance: The family's lineage and name are carried by the men.
5. Extended: One household housed two, three, or more nuclear families (father, mother, and children).
6. The families are organized since everyone is assigned a task which depend on the gender.

**Spirituality**

1. Spirituality is incorporated through Mexicans' everyday lives and stands as pillars of power in the face of adversity.
2. Religious participation was linked to psychological well-being in three generations of Mexican-American families.

**Pregnancy**

1. In my interview with J. M., I learned that pregnancy is accepted in Mexican Culture.
2. Pregnancy is regarded as a holy occurrence in traditional cultures.
3. A religious upbringing shapes Latin ancestry cantered on Roman Catholicism, which discourages discussions about contraceptives and abortion.
4. Abortion is a personal belief, not a physician's advice or a healthcare practitioner's suggestion for pregnancy.

**Healthcare professionals and healthcare practices**

1. Healthcare practices are of high quality in Mexico. They have well-developed and reliable healthcare system that includes both public and private healthcare options.
2. Mexican hospitals are fantastic, with doctors who are well-trained and fluent in English.
3. Mexico has attained universal health coverage, and most Mexicans consider the public healthcare to be adequate.
4. Professionals from the Mexican culture are trained to treat a patient with modern evidence based practices which are improved

**Bio-cultural ecology**

1. The bio-cultural ecology of Mexicans examines differences in genetic features unusual for Mexicans and could cause concern for an uninformed healthcare provider.
2. It includes diseases and illnesses that are genetically transmitted, inherited, or endemic to Mexicans.

**High-risk behavior**

1. Drug and alcohol dependence is high–risk behavior for Mexicans.
2. Also there is sexual behaviors which lead to having instances of unintended pregnancies. It risks people into contracting sexually transmitted infections and HIV/AIDS, according to J. M.

**Nutrition**

1. From my interview, I learned from J. M that Mexico is grappling with a double-edged malnutrition problem: stunting and micronutrient shortages in children, iron shortage in expectant mothers, and significant obesity in all age groups.
2. A large percentage of Mexicans consumes diets that do not satisfy standards.
3. Breast milk and complementary feeding did not follow guidelines, discretionary food consumption was high, and the incidence of nutrient deficiencies and age ranges not meeting basic food group consumption guidelines was also high.

**Workforce**

1. In our interview, J. M. stated that Hispanics currently face several difficulties in the labor market, like unemployment, low salaries, poverty, linguistic barriers, and restricted access to health and retirement benefits.
2. Hispanic workers have historically had lower income inequality than workers of other race groups regarding providing lower incomes.

**Death and rituals**

1. In Mexico, a vigil is kept by friends and family from 24-48 hours after a death.
2. The clothes and valuables of the departed are buried with them. From a young age, children will be included.
3. Children learn about death and everlasting life from a young age and are usually at ease with the concept. After a death, a wake is held, and it sometimes turns into a social gathering where food, laughter, and memories of the departed are exchanged.

**Implications for health practices**

1. As nurse leaders, we should be at the fire front of caring for patients and ensuring interactions.
2. Another responsibility by practitioners is to ensure that culturally and language relevant resources for educational purposes are availed to patients based on their cultural differences.
3. Our patients should believe that their Clinical Nursing Staff has provided them with the resources they need to effectively participate in their health care.