Health Promotion

Student’s Name

Institutional Affiliation

Course

Date

J. M, a 42-year-old Mexican man, was the subject of my interview. This interview aimed to learn about how an individual of Hispanic ancestry views healthcare in the US compared with Caucasian ancestry. J. M. and I have common interests and are great friends. I never took him as of Spanish descent; instead, I saw him as an American. I never thought we were so dissimilar. He is, after all, of Mexican and Spanish ancestry. 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**

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. "It's important to note where we are in terms of generation. Both parents must be full-blooded Mexicans to be considered the first generation. "I am a second-generation American." 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**

If you'd like to be heard, you must take the initiative and speak up. Typically, a Mexican conversation is energizing. Communication in Mexico is always indirect and subtle, and it is portrayed in a friendly and non-confrontational manner. Nonverbal means of communication or less spoken messages are used to express meaning. 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.' It is important to take this indirect method with the Mexican counterparts in Mexico because it will help to strengthen your relationships. 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. When I asked J. M if his preference was on who they shared a culture, he pointed out that it would be easier to communicate with someone from his culture.

**Family roles and organization**

J. M hopes to see a trained physician with whom he can communicate. As a family you join up to provide everything a patient needs and to give care to ill, the grieving, and the impoverished. Family plays a crucial role in the recovery of a patient. J. M was asked about the influence of his Culture and faith on his childhood. Mexican heritage really respects family life. 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. Patrilineal inheritance: The family's lineage and name are carried by the men. Extended: One household housed two, three, or more nuclear families (father, mother, and children). The families are organized since tasks are assigned depending on the gender. The boys were taught their roles and obligations by the men. The woman taught the girls. Spiritual: Practices, ceremonies, and festivals were a regular part of family life. Extended households formed families, which were structured. Strict hierarchical structures and order were essential for the family and communities proper functioning and survival. Family structure influenced society and vice versa.

**Spirituality**

Spirituality is incorporated through Mexicans' everyday lives and stands as pillars of power in the face of adversity. Religious participation was linked to psychological well-being in three generations of Mexican-American families. Mexicans characterize their religion as having close and mutual relationships with God, family, and culture, and that these relationships are crucial to their health and well-being. When I asked about his wellbeing, he said that the stress of becoming a low-grade teacher causes him to become overwhelmed. He went on to say that how a person handles stress decides whether or not they are well or ill. J. M. believed that he could be happier through food, exercise, being spiritual, and stress management and improve his condition.

**Pregnancy**

In my interview with J. M., I learned that pregnancy is accepted in Mexican Culture. The majority of accidental pregnancies, however, result in abortion. Pregnancy is regarded as a holy occurrence in traditional cultures. This belief is reflected in today's post-Colombian Catholic community, which is very common in Mexico. If a patient believes the physician is uncaring or untrustworthy, rather personal questions of a sexual nature or abortion are deliberately not answered. A religious upbringing shapes Latin ancestry cantered on Roman Catholicism, which discourages discussions about contraceptives and abortion. Abortion is a personal belief, not a physician's advice or a healthcare practitioner's suggestion for pregnancy.

**Healthcare professionals and healthcare practices**

Healthcare practices are of high quality in Mexico. They have well-developed and reliable healthcare system that includes both public and private healthcare options. Mexican hospitals are fantastic, with doctors who are well-trained and fluent in English. Mexico has attained universal health coverage, and most Mexicans consider the public healthcare to be adequate. A patient gets most of their care from nurses and nurse professionals who are highly trained and are careful to ensure that a patient receives the best treatment. According to the hospital Professionals, patients will want to achieve freedom as part of a positive outcome. J. M said in my interview, "the type of questions a physician or nurse is entitled to ask and how honestly you can answer them decides the type of relationship you have with them.” Professionals from the Mexican culture are trained to treat a patient just right.

However, according to Williams et al. (2019), socioeconomic advantage has a significant impact on health outcomes. Cultural majorities benefit from increased rates of jobs, insurance procurement, and health care choice and quality.

**Bio-cultural ecology**

The bio-cultural ecology of Mexicans examines differences in genetic features unusual for Mexicans and could cause concern for an uninformed healthcare provider. It includes diseases and illnesses that are genetically transmitted, inherited, or endemic to Mexicans (Purnell & Paulanka, 1998). According to White (2016), Culture and race establish a unique pattern of attitudes and assumptions about what "health" or "illness" really means for Mexicans. As a result, this set of assumptions impacts how symptoms are understood, attributed, and perceived, as well as how and when healthcare services are pursued.

**High-risk behavior**

Drug and alcohol dependence is high–risk behavior for Mexicans. Also, there are irresponsible sexual behaviors which lead to unplanned pregnancies. It leads to a high risk of contracting sexually transmitted infections and HIV/AIDS, according to J. M.

**Nutrition**

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. A large percentage of Mexicans consumes diets that do not satisfy standards. 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**

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. Hispanic workers have historically had lower income inequality than workers of other race groups regarding providing lower incomes.

**Death and rituals**

In Mexico, a vigil is kept by friends and family from 24-48 hours after a death. Visitors will pray and carry presents for the family, and they will drink and eat together. The clothes and valuables of the departed are buried with them. From a young age, children will be included. The wake and funeral will almost certainly include children. 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**

As Clinical Nurse Leaders, we should be at the fire front of caring for patients and ensuring interactions. 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 (Stanhope & Lancaster, 2019). Our patients should believe that their Clinical Nursing Staff has provided them with the resources they need to effectively participate in their health care.

The existing clinical and biological expertise should maximally be used to improve the health of all the people. J. M. thought his health was suffering as a result of the level of stress he was under. He believed more positive thinking, setting reasonable goals, eating healthy, and exercising could improve his health. As Clinical Nurse Leaders, we should promote inter-professional team care and embrace a complementary treatment approach to the patient as a whole, rather than an alternative system.

**References**

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