

Cuban Case Study for Discussion

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## Abstract

This paper studies a case scenario of Mrs. Demetilla Hernandez . She is a 63-year-old Cuban woman who seeks consultation at the Liberty health-maintenance organization (HMO) clinic because of weakness, lethargy, and fatigue that she has experienced for the last 2 months. A week ago, while cooking dinner at her daughter, Mariana's house, she momentarily lost her balance and slipped on the kitchen floor. Although Mrs. Hernandez sustained only a mild bruise on her leg, her daughter insisted on taking her to the clinic for a check-up because of her persistent symptoms.

Mrs. Hernandez, widowed 4 years ago when her husband died of a heart attack, lives with Mariana, aged 40. Mariana is divorced and has three children: Luis, age 15; Carolina, age 10; and Sofia, age 7. Since moving into Mariana's house, Mrs. Hernandez has been managing the household while Mariana is at work. Mrs. Hernandez prepares the family's meals, attends to the children when they come home from school, and performs light housekeeping chores. Mariana is employed full-time as a supervisor at the local telephone company. The family, originally from Cuba, has been living in Miami for 12 years. Carolina and Sofia were born in Miami, but Luis came from Cuba with his parents when he was 3 years old. Mrs. Hernandez, who does not speak English, converses with her daughter and grandchildren in Spanish. Although the children and their mother occasionally speak English among themselves, the family's language at home is Spanish.

At the Liberty HMO clinic, Mrs. Hernandez was diagnosed with essential hypertension and non-insulin-dependent diabetes mellitus. The physician prescribed an oral hypoglycemic drug and advised Mrs. Hernandez to exercise daily and to limit her food intake to 1500 calories a day. Mrs. Hernandez was concerned because she usually prepares traditional Cuban meals at

home and was not sure whether she could tolerate being on a diet. Besides, she explained to Mariana, she thought the dishes she prepares are very “healthy.” Proof of that, she stated, is that her three grandchildren are plump and nice-looking. Mrs. Hernandez told her daughter that, instead of buying the prescribed medicine, perhaps she should go to the botanica and obtain some herbs that would help lower her blood sugar.

### Cuban Case Study for Discussion

Cuban Americans demonstrate different levels of adjustment to the culture of the United States. Therefore, a culturally competent nurse should thoroughly assess the values and beliefs of each patient in order to deliver culturally adequate and sensitive care. Hence, nurses should help patients to design their own treatment plans, becoming team members who work together. The purpose of the paper is to discuss the case of Mrs. Hernandez, a Cuban American, who prefers folk medicine to the proposed biomedical drugs.

Cuban people are extremely open and pleasant in communication and often demonstrate a good sense of humor. Generally, they tend to share their emotions, feelings, and concerns related to private life. They place a strong emphasis on family values, and it is quite common for grandparents and grandchildren to cohabit the same house. Finding three generations living together can be explained partly by the difficult financial situation of Cuban immigrants and partly by their traditional views. Cubans enjoy discussions about family and tend to rely on their relatives as a credible source of health-care advice (Purnell, 2013). Another popular subject is health issues, either individual problems or those of relatives. Cubans want to be well-informed

about the health status of their friends and family members in order to recommend specific medications. Since the Cuban culture is associated with outstanding achievements in the field of healthcare, it is broadly regarded as a source of national pride for Cubans. When it comes to crisis situations, Cuban Americans like expressing pain and discomfort through verbal means, such as moans, groaning and crying. The expression of pain may serve as a pain-relieving function for patients, which can be effectively used in doctor-patient communication (Purnell, 2013). Ultimately, the proper understanding of these communication patterns may result in achieving positive health outcomes.

As a nurse, I would provide assistance to Mrs. Hernandez in developing a plan for a diet and physical activities. It is increasingly important to establish a personal relationship with the patient, since Cubans need to know a person well before they can productively cooperate with him/her. Explaining my personal health achievements and professional background may help in this regard. Additionally, discussing such topic as family affairs might make Mrs. Hernandez more comfortable and willing to comply with the proposed treatment. Furthermore, it is essential to list all benefits associated with this kind of diet and regular exercise, focusing on the preventive health measures, which Cubans always tend to consider.

The diet plan overview will help the patient to fully understand the essence and advantages of the healthy eating routine. As Mrs. Hernandez cannot tolerate being on a strict diet and refrain from eating the Cuban cuisine, I will customize the diet plan for her by looking for convenient alternatives. More specifically, I will create a 7-day menu for a 1500-calorie diet using some appropriate foods from the traditional Cuban cuisine. Moreover, family is viewed as a source of stability, strength, and psychological security, which is the reason why Cubans prefer asking relatives for help in times of need (Purnell, 2013). In order to increase compliance with

the daily exercise, I would advise Mrs. Hernandez to engage Mariana, the patient's daughter, in the regular physical activity. It is worth emphasizing that exercise can become a simple way of sharing experience and feelings with family members as well as improving intergenerational relationships and communication.

As for the role of common folk practices, Cubans usually do not seek assistance of health-care providers giving preference to folk remedies purchased from a botanica. If I insist on taking only an oral hypoglycemic agent, the compliance of Mrs. Hernandez with the prescribed treatment is less likely. As many Cubans, my patient is suspicious of clinically tested drugs and interventions and tends to believe in a higher power, which is culturally predetermined and observed in a number of Cuban practices, such as treatment with magical herbs. Most of herbal remedies are virtually harmless and do not contradict scientifically-approved treatment methods (Purnell, 2013). Mrs. Hernandez should be actively encouraged to continue using herbs obtained from the botanica along with the biomedical treatment. Meanwhile, I would highlight the need to combine herbal treatment with the drugs by discussing the risks associated with non-compliance. However, it is critical to inform Mrs. Hernandez that the same drug should not be advised to other relatives that show similar symptoms. Cubans often share the prescription with family members, if they have found the drug effective. Thorough explanations should be given regarding potential adverse effects of a medication and reasons why it cannot be advised to other relatives.

Most Cubans employ folk remedies in order to maintain and promote health of their families. In the botanica Cubans may obtain a variety of remedies, such as oils, herbs, powders, and even religious figurines, which are considered to be an effective way to relieve pain, improve health, protect from evil spirits, and break the curse. Furthermore, such stores often sell

Santeria necklaces that Cubans use during various ritual sacrifices. Herbal tea or potions purchased from the botanica are commonly used to eliminate mild and moderate symptoms (Castaneda, 2014). In some cases, people prefer consulting a priest or santero that provides emotional assistance and ensures psychological well-being (Purnell, 2013). Many people view fruits and vegetables as remedies to improve physical health.

All in all, Cubans heavily rely on folk practices rather than Western medicine in treating a variety of diseases. Relatives and family members are often asked for advice on how to improve health. In order to improve patient health outcomes, health-care providers may try to engage relatives in the treatment process as well as incorporate some harmless folk remedies into the treatment plan. Meanwhile, building strong personal relationships may increase the level of trust in health-care providers, thereby speeding the recovery.

## References

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