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Cultural Competency Paper

One of the patients at a healthcare facility I had been employed at was a Mexican immigrant who expressed apprehension towards Western medicine, which made her non-compliant. Research shows a general apprehension towards Western medicine exists between the indigenous communities and immigrants. People from these communities tend to have been raised with healing practices unique to their cultures. They are less likely to seek medical help while they live in Western societies as they have a more profound association of trust with the native medicinal practices they have grown up with (Choi & Kim, 2018). A healthcare setting has to take all of these factors into account. It has to develop a sense of respect and acceptance towards the healing practices people from certain cultures may believe in. Without such tolerance towards other worldviews, diversity in healthcare cannot prevail. Some cultures may seek the help of spiritual healers like shamans (Cobb, 2010). If healthcare professionals remain unaware of these dynamics, they risk making these patients from markedly different cultures feel alienated towards Western medicine. It threatens the efficacy of healthcare systems by threatening such patients' well-being.

While being employed in a healthcare setting, the first thing I noticed was the fact that the staff lacked representation. It has been considered important for healthcare settings to become representative of the patients they are catering to. However, a lack of representation seems to trigger and foster feelings of alienation and isolation. Familiarity breeds trust, and a lack of familiarity can breed mistrust (Choi & Kim, 2018). Healthcare settings have been facing challenges in effective communication when they are involved in interacting with patients from different cultures. Due to rapid migration, western society has been inundated with citizens from diverse cultural backgrounds (Choi & Kim, 2018). It is correct that these immigrants face greater health and well-being issues as minority communities have been known to be marginalized and

discriminated against on implicit levels. A lack of healthcare professionals who are people of color can increase the gap between healthcare practitioners and patients.

Studies have shown that all native healing practices unique to certain cultures cannot be dubbed as “useless” or “superstitious” in a display of ethnocentrism. Several of these remedies in which native ingredients are used to heal a malady are chemically and pharmacologically effective (Chen et al., 2018). Ayurvedic medicine and Chinese medicine have been accepted as alternative systems of medicine that are effective and useful. These have existed for thousands of years, offering respite to people suffering from diseases. When patients from these cultures present their experience with their culturally relevant medication system, healthcare professionals must accept or encourage it (Chen et al., 2018). Doing so would forge a bond of trust that provides a context of certainty, familiarity, and acceptance. An absence of cultural sensitivity can leave patients feeling stripped of their identity, objectified, uncertain, and reluctant to follow up on their visits. A reluctance to follow up has been known to be associated with a worsening experience of ailment and deteriorating health for such patients.

The lack of representation that became apparent in the healthcare setting under discussion is quite common. Research has attributed it to a general lack of education among such communities and their restricted access to such opportunities of employment owing to the implicit, unconscious bias that plagues the Western world. In addition, race and culture are associated with the kind of jobs one gets access to and the level of financial prosperity one enjoys (Choi & Kim, 2018). These observations are enough to explain an absence of representation of diversity in healthcare settings. Such settings must ensure the representation to seek applicants who can seem familiar to patients from different cultural backgrounds to decrease the sense of alienation reported by Latinos, African Americans, and indigenous populations (Choi & Kim, 2018). The isolation can result in

serious consequences because if the healthcare system excludes certain citizens or groups of citizens, they can develop a lack of trust in the healthcare system.

I took some steps to increase the health literacy of minority communities. Studies have shown health literacy to be impaired and severely lacking among immigrants, African Americans, and indigenous populations. It seems that marginalized and vulnerable groups do not have enough access to knowledge regarding health-related resources and their apt usage (Chen et al., 2018). They are not aware of the options they can have to ensure health and well-being. I introduced posters and flyers educating patients in simple, straightforward language that could be easily understandable to people from all cultures. This is another requirement of health literacy. The Plain Language Act of 2010 makes it incumbent upon healthcare language to be transparent and uncomplicated. Health literacy has been declared by the World Health Organization (WHO) to be one of the three pillars of sustainable development (Chen et al., 2018). There can be no education without health and vice versa. Health literacy can only be ensured by ensuring equality while disseminating health-related information. Also, health literacy can improve by being culturally sensitive as minority communities are at risk of low health literacy.

I also used paintings and posters depicting various cultural symbols. Displaying artwork from different cultural backgrounds can make healthcare setting more inclusive and take it several steps closer to achieving equal healthcare for all (Sharifi et al., 2019). At this step, the LEARN strategy became useful. It involves listening, explaining, acknowledging, recommending, and negotiating. Being sensitive to the fact that different cultures may have different communication patterns can help develop a better clinical relationship. For example, most Latin Americans use physical symptoms to refer to their mental health. Instead of saying they have anxiety, they could state that they have a splitting headache (Sharifi et al., 2019). The power of culturally sensitive

communication is such that it can offer opportunities for a pertinent assessment, diagnosis, prognosis, and treatment plan from which both the professionals and patients can benefit.

Most of my answers on the cultural competency checklist have been answered as “pretty well” and “very well.” The results indicate that I possess adequate cultural competency skills. The questions in this quiz have been focused on developing ample cultural respect and cultural awareness. My results have shown that I tend to be aware of cultural differences. Before planning the course of treatment, I tend to consider cultural variables. The quiz also mentions the consideration one has towards the different needs of people from different cultural backgrounds. Studies have identified a need for culturally sensitive practitioners to consider hiring interpreters who can bridge the professional and patients. Interpreters can understand the cultural context and symbols, assisting in building an effective relationship between professionals and their patients. Besides using interpreters, healthcare professionals can also benefit from subtle cues that encourage diversity in healthcare settings (Waldstein, 2008). For example, one can attempt to make healthcare more inclusive by representing people from diverse cultures in art and décor. The ambiance can be worked on to include symbols that are familiar to those belonging to different cultural backgrounds. For example, the magazines one chooses to provide the patients in waiting areas to occupy themselves may include covers that breed a sense of familiarity. Cultural competence is holistic and multifaceted.

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