Cross Cultural Dynamics

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Assignment

**Assignment #2 – Developmental Readings**

1. Create Developmental Readings from seminal sources and scholarly peer-reviewed

journal articles. Review instructions for Assignment #3, the course essential elements, and course readings to identify selections of books and journals to create entries.

1. Refer to the "Student Guide to Developmental Readings" in the General Helps folder for updated information on sample comments, the grading rubric, and key definitions related to developmental readings.

This developmental reading focuses on healthcare cross-cultural dynamics.

**Source One:** Karjalainen, H. (2020). Cultural identity and its impact on today’s multicultural organizations. *International Journal of Cross Cultural Management*, *20*(2), 249–262. <https://doi.org/10.1177/1470595820944207>

**Comment 1:**

**Quote/Paraphrase:** “National identity refers to a collective group identity often containing mythical elements linked to a country’s history (distant or past stories), while cultural identity refers to a personal identity with an individual dimension. This dimension is informed by the way a person differs from other people and how he or she understands his or her individuality (Sevänen, 2004: 7). It is important to study the cultural identity of individuals as it contains the self-definitions and self-understanding of the representatives of a given culture.”

(Karjalainen, 2020, p. 250)

**Essential Element:** Interdisciplinary Cross-cultural Understanding

**Additive/Variant Analysis:** This concept of national identity and cultural identity is additive to my current understanding.

**Contextualization:**  Cultural identity is distinct but could be related to national identity. Cultural identity has to do with ethnic background and cultural socialization, a way of being and existing, whereas national identity has to do with the nation-state one associate with. The author makes note that it is important to study and understand people's cultural identity to better understand a given population. Looking at their national identity will only show a fraction of the milieu of the population group. Culture provides socialization of the being and identity of the person, which creates a likeness of people within a cultural group. This is important in many different cross-cultural settings including healthcare, where culture drives the person’s beliefs, values, and experiences, without having somewhat of an understanding of those it is a challenge to speak to and provide holistic care of patients of different cultural backgrounds.

**Comment 2:**

**Quote/Paraphrase:** “In an organizational and, more specifically, a managerial context, it is important for managers of multicultural and global teams, for example, to understand multicultural employees who are trying to adapt and integrate cultural identities with respect to the working environment. (Karjalainen, 2020,p. 257)

**Essential Element:** Interdisciplinary Cross-cultural Communication

**Additive/Variant Analysis:** The concept of working with and managing multicultural employees within organizations is additive to my current understanding of cross-cultural connections.

**Contextualization:** In terms of cross-cultural employment, employees need to have a cultural understanding of each other, but even more so, it is important that leadership and management has the cross-cultural mindset and understanding to help facilitate cooperation and cohesion of multi-cultural employees and teams. People from different cultures working together is not a new phenomenon, what is new is cultural respect and understanding, that has been overshadowed by imperialism and colonization of the past.

**Source Two:** Boccagni, P., & Kusenbach, M. (2020). For a comparative sociology of home: Relationships, cultures, structures. *Current Sociology*, *68*(5), 595–606. <https://doi.org/10.1177/0011392120927776>

**Comment 3:**

**Quote/Paraphrase:** “If home rests on the cultivation and emplacement of particular social relationships, it can hardly have an autonomous existence without them. Rather, it needs to be understood in light of the ‘social life’ of relationships themselves. This brings into the debate, first, the cultural aspects of home – meaning what is culturally regarded as a ‘good’ or ‘appropriate’ home, regarding its material infrastructure…” (Boccagni & Kusenbach, 2020, p. 598)

**Essential Element:** Principles of Community Development

**Additive/Variant Analysis:** This quote is additive to my understanding of ‘home’ spaces and what in different cultures look and feel like. The ‘home’ spaces are where people are their backstage selves (Goffman).

**Contextualization:** This article was very good, and insightful to where a person lives out their cultural identity, in their ‘home space’, where they could be ‘who’ they really are. The ‘home space’ gives us all a backstage where we do not need to dramaturgical perform for our social audience. The hidden aspects of our social self could be found in our ‘house space’, this includes the essence of our cultural differences. Though we may not be able to ‘see’ within these cultural backstages, we can image them in light of our backstage experience and develop a deeper understanding of cross-cultural awareness of their different but universal way of being,

**Source Three:** Broesch, T., Crittenden, A. N., Beheim, B. A., Blackwell, A. D., Bunce, J. A., Colleran, H., Hagel, K., Kline, M., McElreath, R., Nelson, R. G., Pisor, A. C., Prall, S., Pretelli, I., Purzycki, B., Quinn, E. A., Ross, C., Scelza, B., Starkweather, K., Stieglitz, J., & Mulder, M. B. (2020). Navigating cross-cultural research: Methodological and ethical considerations. *Proceedings of the Royal Society B: Biological Sciences*, *287*(1935), 20201245. <https://doi.org/10.1098/rspb.2020.1245>

**Comment 4:**

**Quote/Paraphrase:** “The acknowledgement that most research in psychology and other adjacent fields is overwhelmingly based on so-called WEIRD (Western, educated, industrialized, rich and democratic) populations has given way to intensified research funding, publication and visibility of collaborative cross-cultural studies across the social sciences that expand the geographical range of study populations. The rapid expansion of cross-cultural team science has been precipitated by the ever-increasing availability of online global data sources and the expansion of the cross-cultural enterprise into fields such as economics, political science and other disciplines with little previous field research expectations or ethnographic focus.” (Broesch et al., 2020, p.2)

**Essential Element:** Interdisciplinary Cross-cultural Understanding

**Additive/Variant Analysis:** This is additive to my understanding of cross-cultural inclusion in social research.

**Contextualization:** Our world has never been a monolithic culture, but a world full of different people groups all in the image of Christ, as diverse as His creation. Much due to the dominant ethnocentrism colonialism select cultures saw themselves as “God’s “chosen”/ “dominant” people group, this has persisted throughout history, even though today in the world and the sciences and social sciences. We as Christian social scientists should be particularly sensitive to this matter. The acronym WEIRD (Western, educated, industrialized, rich and democratic) is a good reminder of just how ethnocentric science and social science are at least in the ‘western world’. In so many ways the world has changed because of globalization and population demographics, the world is less

**Source Four:** Nundy, S., Cooper, L. A., & Mate, K. S. (2022). The Quintuple Aim for Health Care Improvement: A New Imperative to Advance Health Equity. *JAMA*, *327*(6), 521. <https://doi.org/10.1001/jama.2021.25181>

**Comment 5:**

**Quote/Paraphrase:** “Health equity is defined as “the state in which everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances.”4 Health inequities affect many populations, including individuals who identify as Black, Latino, Native American, or LGBTQ; individuals in rural communities; individuals living in poverty; individuals with disabilities; and older persons. The reasons for health inequities are multifold, including structural racism, which shapes numerous opportunities that influence health, including educational attainment, employment, access to safe environments, affordable housing, healthful food, access to care, social relationships, and networks.” (Nundy et al., 2022, p. 521)

**Essential Element:** Interdisciplinary Cross-cultural Understanding

**Additive/Variant Analysis:** The concept of health equality is additive to my understanding of healthcare and its interest in serving patients no matter who they are, however, there are structural issues that stand in the way of health equality in addition to personal biases of staff and patients.

**Contextualization:** Healthcare has drastically changed throughout the past century and the last decades. In recent history, the understanding that social factors contribute a great extent to the health of individuals and populations. These factors came to be known as social determinants of health or in current terminology social drivers of health. This focus brought about changes in the way healthcare professionals engage and treat their patients, they now take into account the social factors these patients are dealing with and include in assessing in finding resources to help them in those social situations. Health equality is a concept that is being promoted in the healthcare system, but the larger structural issues are not being addressed in a large scale to increase the social health of populations.

**Comment 6:**

**Quote/Paraphrase:** “To address the fifth aim, health care leaders and practitioners must identify disparities, design and implement evidence-based interventions to reduce them, invest in equity measurement, and incentivize the achievement of equity.” (Nundy et al., 2022, p. 522)

**Essential Element:** Principles of Community Development

**Additive/Variant Analysis:** The concept of healthcare leaders and practitioners need to help the patients with healthcare and social equality is one aspect of the larger picture to increase health equality. In addition to this the larger social structure needs to be modified including the economic system, thus while this quote is still additive to my understanding, it is also variant because it does not go far enough in making arguments for larger social change.

**Contextualization:**  This quote helps us see the need to learn the context of healthcare and social inequalities. With today’s technology of electronic healthcare records, there is a wealth of information to conduct social healthcare research. There is more research being conducted that brings in the social factors of health, this is very important, but there seems to be a lack of remediations to implement change in the larger social systems in our society that would reduce the social burdens of the population including those that have health impacts.

**Source Five:** Baumann, A. A., & Cabassa, L. J. (2020). Reframing implementation science to address inequities in healthcare delivery. *BMC Health Services Research*, *20*(1), 190. <https://doi.org/10.1186/s12913-020-4975-3>

**Comment 7:**

**Quote/Paraphrase:** “The aim of equity in healthcare is that all people are treated fairly by the systems of care based on their needs, not on their personal backgrounds... This approach forces us to examine the social, political, and environmental context of the intervention and implementation strategies that are being delivered in implementation studies to evaluate and address inequities in healthcare delivery.” (Baumann & Cabassa, 2020, p. 6)

**Essential Element:** Principles of Community Development

**Additive/Variant Analysis:** This quote touches on the need for larger societal changes for the benefit of the population including healthcare benefits. This is additive to my understanding of what things are needed. The statement “…all people are treated fairly by the systems of care based on their needs, not on their personal backgrounds.” is variant to me, because the personal backgrounds of patients are important to the larger care that they receive, it gets to the actual needs of the patient.

**Contextualization:** The section of the quote, “This approach forces us to examine the social, political, and environmental context of the intervention and implementation strategies that are being delivered in implementation studies to evaluate and address inequities in healthcare delivery.” is where the direction of the healthcare system needs to go next, in pursuing better health equality and outcomes, the larger social system of changes to provide people with the resources to live a healthy life. To do this is takes economic and political will that our system may not have quite yet. Healthcare is part of this market economy that in part creates a system of the need for poor health in order to generate wealth within the healthcare system. The reason for the need for higher social change within our societal structure is that there has been a built-in system of racism within these institutions and societal structures, and thus a social disadvantage of people of different racial and ethnic backgrounds than that of the historically dominant racial structure.

**Comment 8:**

**Quote/Paraphrase:** “Another element of developing interventions with implementation in mind, especially for vulnerable populations, is to conduct the intervention development process with, for, and in the community, bringing science and practice closer together. Bridging science and practice requires a collaborative lens from the very beginning. Community-based participatory research (CBPR) is one approach that focuses on fostering partnerships between stakeholders by capitalizing on their shared and local knowledge, wisdom, and expertise.” (Baumann & Cabassa, 2020, p. 4)

**Essential Element:** Principles of Community Development

**Additive/Variant Analysis:** This comment about Community-based participatory research is additive to my understanding of health equality.

**Contextualization:** The quote stood out to me regarding the concept of community-based research. I think this is very informative to the particular needs of the community. Where in much of the healthcare research there is a randomized sample from larger populations nationwide. People of different ethnic backgrounds may have different opportunities in different geographical areas, thus the need to hone in on particular communities would be beneficial to get at the challenges of ethnic groups within that community. Some communities may support ethnic and racial diversity better than other communities.

**Source Six:** Barr, D. A. (2019). *Health disparities in the United States: Social class, race, ethnicity, and health*. JHU Press.

**Comment 9:**

**Quote/Paraphrase:** “…a principal source of health care disparities based on race/ethnicity stems from differences in the way physicians and other providers treat people from differing racial or ethnic backgrounds…These disparities are not due to continued racial intolerance and explicit racism…They are much more likely due to being caused by unconscious but inappropriate uses of racial stereotypes.” (Barr, 2019, p. 282)

**Essential Element:** Interdisciplinary Cross-cultural Understanding

**Additive/Variant Analysis:** This concept of healthcare professionals relating to patients of a different racial or ethnic background in light of unconscious actions or remarks is additive to my understanding of what may be taking place in mixed racial or ethnic healthcare visits.

**Contextualization:** In the healthcare setting, some healthcare staff or providers may make over-generalizations of their patients, whether by race, ethnicity, or socioeconomic status unintentionally. It is a misunderstanding of the particular patient. They need to step back and communicate and interact with the patient as just a person, and uncover personal characteristics that would help guide them away from unconscious biases. Patients want healthcare professionals to deal with them on an individual basis, that is why they are seeing them because they have an individual health issue they need assistance with, this health issue is independent of race or ethnicity.

**Comment 10:**

**Quote/Paraphrase:** “Addressing social determinants of health will be a central component of ongoing efforts to reduce health disparities nationally.” (Barr, 2019, p. 306)

**Essential Element:** Principles of Community Development

**Additive/Variant Analysis:** This quote is additive to my understanding of what is needed to reduce health disparities. It is a larger social issue to address social determinants of health.

**Contextualization:** Social determinants of health such as financial strain, lack of healthy food, and transportation issues, relationship issues, housing issues have many different factors involved with these issues. In many cases they are related to larger social inequalities that make these social drivers of health a system where it is hard to overcome or find releave. Not only are these health issues they are social issues that need to be addressed at a larger scale. The healthcare system can identify these social factors and guide the patient to resources to help them with these issues, but overall is a wider social issue that needs to be addressed in the community, and requires the larger community action.

**Source Seven:** Gabe, J., & Monaghan, L. F. (2022). *Key Concepts in Medical Sociology*. SAGE Publications

**Comment 11:**

**Quote/Paraphrase:** “Material factors refer to those natural or social structures that can have a causal bearing on population and individual health and longevity, while cultural factors denote the “frames” in terms of which groups and individuals make sense of their lives and take decisions that can similarly impact on their own and the population health.” (Gabe & Monaghan, 2022, p. 59)

**Essential Element:** Principles of Community Development

**Additive/Variant Analysis:** This comment is additive to my understanding of the aspect of cultural factors that may have an impact on health in the United States.

**Contextualization:** The author identifies two distinct but could be related factors that give rise to health inequalities, they are material factors and cultural factors. Material factors are the social structure factors that impact health and cultural factors are the thoughts, beliefs, and lifestyles of different cultures that may impact health. It reminds me of a news article, something about African American men prone to certain health conditions, the science and medical community were suggesting that it must be a biological trait, however, the condition can be explained by the stress of the systemic racism we have had in the U.S., this would be the material factors.

**Comment 12:**

**Quote/Paraphrase:** “Ethnicity is a collective identity justified through common origins and manifested in terms of religion, language, marriage and family patterns, diet, and dress. As a social identity, ethnicity can be powerfully felt and acted upon at both the individual and group level, and furthermore, has been institutionalized in some settings.” (Gabe & Monaghan, 2022, p. 24)

**Essential Element:** Interdisciplinary Cross-cultural Understanding

**Additive/Variant Analysis:** This concept of ethnicity is additive to my understanding of how culture has an impact on all aspects of life, including our health.

**Contextualization:** Ethnicity does not equal culture, but is tied to culture, where different ethnicities have different cultures attached to them, and thus different ethnicities may have different cultural aspects to their life they all share the same basic human needs. We should learn from different cultures, some of what they believe or their diets or lifestyles could have health benefits that would be good for all of us to pick up on. Our Western healthcare system has a particular way of doing things, when our health system costs more and does not provide us with better health, we must question the assumptions of our health system and begin to learn from others what health is.

**Works Cited**

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