Cross Cultural Dynamics

Derrick Snow

Omega Graduate School

May 19, 2024

Professor

Dr. Sorber

Assignment #3 – Essay

1. Write a 5-page essay based on one (1) of the three (3) items below:

a. Write a paper highlighting a cross-cultural experience that involved a project or work-related activity to which you could have applied Community Development principles. Discuss principles you violated and principles you used. Give a synopsis of, now being aware of the principles, you could have proceeded for a positive outcome.

b. Develop a project plan related to your work that will focus on a cross-cultural strategy and enumerate practical applications of the Community Development principles.

c. Choose a factual event in a cross-cultural setting from books, media, or personal knowledge that was development-focused and critique it through the grid of the 10 principles.

**Introduction**

As in much of the world, the United States has had a history of racial/ethnic injustices, even though the U.S. has been a “melting pot” a population of people from all over the world. Historically, various groups at various times have been ‘the other’, the outsiders, and some people groups have always been and remain marginalized. These racial/ethnic injustices have been based on socialization and institutionalized, a system of racism within the larger social system itself. Even though the diverse population of the U.S. has the same national identity, it is comprised of different cultural identities, which refer to the personal identities of people (Karjalainen, 2020). The United States is also unique in its healthcare system, which is a mixture of government and market funded, supported, and controlled. There is the institutionalized racism that carries through the U.S. healthcare system as well the socialization aspect of racial/ethnic injustices. Though in the last decade, there have been improvements in health equality, the healthcare system has much room to improve by incorporating cultural competence, cross-culture understanding, and cross-culture communication. A way to do this is by applying the principles of community development.

**Social Factors of Health**

The study of the sociology of health and medicine has brought awareness of the social factors that contribute to people's health and well-being. In the healthcare community, these social factors of health are known as social determinants of health or currently being referred to as social drivers of health. These social drivers of health include such things as, financial strain, food insecurity, housing insecurity, lack of transportation availability, concern for physical and emotional safety, social isolation, and lack of access to care. The healthcare system has recognized to improve health outcomes the healthcare system not only needs to address the medical conditions of patients but also needs to work with community partnerships to help address the social drivers of health to improve the patient’s overall health which also has an impact on reducing health disparities within the healthcare system (Barr, 2019). Social drivers of health and health disparities have roots in the personal and institutionalized racism of the larger social structure of the U.S. including the healthcare system. Racism has to do with ‘othering’ and ethnocentrism, basing beliefs and judgment of other people in the context of one’s own cultural framework.

**Cultural Dynamics**

The different racial and ethnic groups may have different cultural backgrounds based on social, geographical, and family socialization. Culture was defined by an early culture anthropologist, Edward Burnett Tylor as “that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society.” (White, 2022) or ways of being based on the socialization of the cultural context. Culture is a framework or frame in which people make sense of their lives (Gabe & Monaghan, 2022) culture is passed down through socialization mainly through the home life of an individual (Boccagni & Kusenbach, 2020). Based on these different cultural socialization experiences, people living within the same community have different social experiences in life including their experiences within the U.S. healthcare system. The U.S. has had a white European colonization dominance within the society from the earliest days of the new world and a negative view of non-white people groups. This has brought about a social structure of society to favor white European heritage and dominance in creating the social institutions of the U.S. society including the healthcare system. Where historically the U.S. healthcare system of medical schools, hospitals, and health facilities has been dominated by this institutional racism even though medical professionals may not be personally racist. This system of racism is based on ethnocentrism, and a lack of understanding or misunderstanding of people from other racial or ethnic backgrounds, i.e. of different cultural backgrounds. With this lack of understanding and lack of cultural relativism, the U.S. healthcare system as well as other institutions have unserved people of minority. As one author notes “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)

**Merging of Cross-Cultural understanding and communication within the community**

Applying the principles of community development to address cross-cultural understanding and communication would move the U.S. healthcare system to where it has been attempting to go with the reduction of health inequalities among people of different racial, ethnic, and cultural backgrounds. The principles of community development are a set of principles to enable community integration and support and include such principles as; starting where people are, introducing new ideas after relationships have been established, involving the community, identifying and involving local leadership, both existing and emerging, cooperate with local, regional and national governments and encourage interdependent relationships rather than dependent or independent relationships. These principles enable cultural relativism thinking and involving the larger community no matter the cultural background to influence the social structures and social organizations, such as healthcare facilities. This allows for people in the community to directly impact how that healthcare facility operates and support members of the community. “…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)

The healthcare center where I am employed serves several rural communities, low-income populations, ethnic and racial minorities, seasonal and migrant workers as well as an expanding refugee population. The board is made up of community members who have diverse backgrounds, the leadership and many employees are engaged in community involvement, the employees are of mixed racial and ethnic backgrounds and support diversity in the organization (Karjalainen, 2020), and the organization has a patient advisory committee. This structure allows for ensuring that the healthcare center supports and understands the community needs of healthcare and supports social drivers of health given the different cultural backgrounds of our patients. The structure of our healthcare organization also supports “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) Our healthcare organization has incorporated the principles of community development, without me realizing what it was, we were just trying to serve the community. The organization works with people where they are, they build relationships with patients and the community, they simply communicate with the patients, they are involved in the community, they conduct training for staff and patients locally, they have a system of training trainers in each clinic, they cooperate with governments authorities and regulations, and support patient interdependent relationships with family and friends and their providers. These principles do make a difference in establishing a relationship with patients no matter the cultural background.

**Conclusion**

The U.S. healthcare system is based on institutional ways of generalizing the patients they serve and may not consider the different ways different cultures may live and understand reality (Gabe & Monaghan, 2022). Thus, the healthcare system, providers, and staff must become and integrate cultural competency and cultural relativism in their interactions with patients to yield the quality care everyone deserves no matter their cultural background. Cross-cultural awareness and understanding are needed in many fields (Broesch et al., 2020) expressly in the U.S. healthcare system.

WORKS CITED

Barr, D. A. (2019). *Health Disparities in the United States: Social Class, Race, Ethnicity, and Health*. JHU Press.

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>

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>

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>

Gabe, J., & Monaghan, L. F. (2022). *Key Concepts in Medical Sociology*. SAGE Publication

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>

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>

White, L. A. (2022, August 5). culture. Encyclopedia Britannica. <https://www.britannica.com/topic/culture>