Human Relations in a Pluralistic Society

Aliaya Epps

Omega Graduate School

February 28, 2025

Professor

Dr. Sara Reichard

Assignment

### *Developmental Readings*

Review Assignment #3, the course essential elements, assigned readings, and recommended readings to identify selections of books and scholarly articles to identify and select developmental reading sources and entries.

* Refer to the “[Student Guide to Developmental Readings](https://drive.google.com/file/d/161V_FaYR2BnNGCSFUlWPjUSIQzcH04Hq/view?usp=share_link)” for updated information on sample comments, rubrics, and key definitions related to developmental readings.

**Source One:** Perez, M., & Luquis, R. (2019). *Cultural Competence In Health Education And Health Promotion.* John Wiley & Sons.

**Comment 1:**

**Quote/Paraphrase:** If we are serious about closing the health disparity gap between racial and ethnic minorities, we must develop, implement, and evaluate programs that are culturally relevant, appropriate, and sensitive to racial and ethnic minorities.

**Essential Element:** This comment is associated withtranscultural competence.

**Additive/Variant Analysis: This is an** additive to the the discussion of transcultural competence. It expands on the methods to minimize bias. Countries, namely the United States are becoming more culturally diverse. America is a generation removed from the civil rights era where numerous systems were segregated including medicine. Medicinal practices may have been updated but perhaps without the consideration for sociocultural encounters.

**Contextualization:**  My brother has Sickle C. He was born in 1984. There have not been much if any progress in more effective treatments or elimination altogether. This is is a condition that predominately affects the black community ( world wide). Until 2024 with the release of the show Supacell which trended number 1 in the world for Netflix, there also was a huge lack of awareness about the disease. Much of the shows attributed sucess is credited to three reasons, the show was absolutely flawless in execution, it raised awarenes about an illness that is found around the world, and it put a positive spin on the disease. Covid affected the world, just five years ago the world completely shut down as a result. Within a year there were two different vaccines. HIV/AIDS started spreading in the 1980’s but reached epidemic rates by the early 2000’s. Yet Sickle Cell still remains an issue that only has maintenance medication at best. This is a huge health disparity gap. As the quote stated if the goal is to close the gap ( which begs the question *is* that the goal) then yes culturally sensitive and relevant programs need to be put in place.

**Comment 2:**

**Quote/Paraphrase:** White men create the dominat culture in the United States. Even though White men do not represent the majority of US society , they are in enough powerful positions to establish mainstream culture.

**Essential Element:** This comment relates to the sources of influencing human relations in a pluralistic society.

**Additive/Variant Analysis:** This is an additive to the conversation concerning the sources of influencing human relations in a pluralistic society. It exposes cracks within the controlling powers of human relations. It alludes to unconscious bias. It also touches on transcultural competence, namely knowing ones own culture and cultural glasses.

**Contextualization:** I like that this is a blanket statement. I understand it, I struggle to explain it. Most if not all of the systems that are in place in the US are controlled ultimately by white men. So it is their standards, perceptions, agenda that creates that cultural norms by which that system has to navigate. For example, when a purchasing a house, a person can have up to $50,000 gifted to them towards the down payment. However, in this country generational wealth is almost exclsuviely a white benefit. The parameters for pre-approval are those that favor white affluent families. It is then the minorities job to adhere to that standard. Another example is the school calendar. Winter and spring break are planned around Christmas and Easter. Also Jewish holidays are either observed as a school closing or professional development day. These holidays benefit WASP and Jews. Other major cultural holidays are not considered. Staff are given three days per year for personal cultural observance days.

**Source Two:** Marja, silén-Lipponen, & Suvi, A. (2021). Cultural Competence Learning of The Health Care Students Using Simulation Pedagogy: An Integrative Review. *Nurse Education in Practice*, *52*, 103044. https://doi.org/10.1016/j.nepr.2021.103044

**‌ Comment 3:**

**Quote/Paraphrase:** There is a connection between patient-centered care, diversity and safety, as evidence has shown that ineffective communication between patients and health professionals diminishes patient safety ([Almutairi, 2015](https://www.sciencedirect.com/science/article/pii/S1471595321000809#bib2), [Rassouli et al., 2020](https://www.sciencedirect.com/science/article/pii/S1471595321000809#bib53), [Wasserman et al., 2014](https://www.sciencedirect.com/science/article/pii/S1471595321000809#bib64)). As patients become more diverse and receive complex treatment, the risks to patient safety increase ([Caspar et al., 2016](https://www.sciencedirect.com/science/article/pii/S1471595321000809#bib13), [Heckman et al., 2017](https://www.sciencedirect.com/science/article/pii/S1471595321000809#bib26)). For example, communication challenges between patients and health professionals due to language, culture and physical or mental differences may reduce the benefits of treatment and threaten patient safety. However, evidence-based care for[vulnerable groups](https://www.sciencedirect.com/topics/social-sciences/disadvantaged-group) is developing slowly ([Landrigan et al., 2010](https://www.sciencedirect.com/science/article/pii/S1471595321000809#bib34), [Wasserman et al., 2014](https://www.sciencedirect.com/science/article/pii/S1471595321000809#bib64)).

**Essential Element:** This comment is related to cultural differences.

**Additive/Variant Analysis:** This is an additive to the topic of cultural differences. It is helping me to grasp the premise of the class altogether. It speaks to unconscious bias that would impact or cause the communication breakdown between provider and patient, this scenario is applicable in any setting. It alludes to unintended consequences. If a patient cannot adequately communicate their needs due to language barrier, or being sick, the unintended consequence is poor treatment.

**Contextualization:** In 2018 I was rushed to the hospital via ambulance. My Nigerian immigrant husband met me there as he was at work. Despite being in extreme pain I was calm and quiet so that I could correctly converse with the health care profesionals. I asked several times for pain medication which I was not given. The provider did some blood work and proceeded to dischage me. I asked if they were going to run any additional tests or at least treat the pain. I was told, and that I could take over the counter tylenol. I responded saying to please document on my chart that I requested further testing and pain medication and then give me the discharge papers. I told them that once I was discharged I was going to have my husband take me to another hospital to get a second opinon. If they did find something, which I was confident they would, I would be in contact with a lawyer. That hospital did not discharge me, instead they did an ultrasound and found that I had two cysts, one of them had ruptured and the fluid had traveled. I was given the appropriate medicine. They explained that I did not appear to be in any pain so they did not think it would have been something as serious as an ovarian cyst. This particular scenario sheds light on the gravity of the impact of the quote. I think that it also speaks to the Hawthrone theory.

**Source Three:** Bergbom, I., Nåden, D., & Nyström, L. (2021). Katie eriksson’s caring theories.

part 1. the caritative caring theory, the multidimensional health theory and the theory of

human suffering. *Scandinavian Journal of Caring Sciences*, *36*(3). <https://doi.org/10.1111/scs.13036>

**Comment 4:**

**Quote/Paraphrase:** Within caring science, the theory of caritative caring has meant a paradigm shift from the disease-, medical- and technically oriented and professional care to caring that is also performed between human beings, so called natural caring.

**Essential Element:** This comment is related biblical based human relation skills.

**Additive/Variant Analysis:** This comment is an additive to biblically based human relation skills. It expounds on the nature of combining purpose with profession.

**Contextualization:** I have never heard of caritative theory. This is not an American phenomenon or implemented practice. Yet and still, I have experienced it. When I was septic, the surgical team had to filet cut my right leg and leave it open so the wound could heal from the inside out. Twice a day, I would get a cocktail of pain meds, and then a team of 7-10 surgical staff would remove the dressing, take gauze dip it in medical grade bleach called dakins, and pack my wounds. This was easily an hour plus process. During this time I am awake and the surgeons would talk to me. These talks ranged from what they learned, as some of them were residents, to recipes for golden milk. With every step of my treatment they spoke to my mom as a medical professional. ( she is a nurse) They welcomed her input and approval. Make no mistake even with the medicine by the time they were done I was crying from the pain as the bleach was burning off the top layer of tissue (to prevent the infection from growing). I have the fondest memories of those times though because of the care.

This is much like Jesus. When Jesus heard that Lazarus died, even though he was going to bring him back to life, He still wept. Hebrews 2:17 says that Jesus was made fully in every way so that He may be a merciful and faithful savior. He sets the tone for how we should treat the people that we serve. For the surgeons to use that time to commune with me was human relation. Only 1 in 9 survive sepsis.

**Comment 5:**

**Quote/Paraphrase:** The inner core of the caritative caring theory comprises thoughts of love, mercy and compassion. Love, mercy and compassion are the basic objects of knowledge in caring science. The fundamental idea and motive is to alleviate suffering and promote and protect health and life.

**Essential Element:** This comment is associated with biblically based human relation skills.

**Additive/Variant Analysis:** This is an additive to biblically based human relation skills. This quote expounds on how to integrate biblical principles in care roles and occupations.

**Contextualization:** I think this quote echoes the fruits of the spirit. There are several questions that it poses. How can these characteristics translate across cultures? What unconscious biases would have to be acknowledged and rectified in order to alleviate suffering? How can situational awareness and context be taught in a tangible manner in healthcare?

**Source Four:** Sabin, J. A. (2022). Tackling Implicit Bias in Health Care. *New England Journal*

*of Medicine*, *387*(2), 105–107. https://doi.org/10.1056/nejmp2201180

**‌ Comment 6:**

**Quote/Paraphrase:** A review of studies involving physicians, nurses, and other medical professionals found that health care providers’ implicit racial bias is associated with diagnostic uncertainty and, for Black patients, negative ratings of their clinical interactions, less patient-centeredness, poor provider communication, undertreatment of pain, views of Black patients as less medically adherent than White patients, and other ill effects.

**Essential Element:**  This quote is associated with cultural differences.

**Additive/Variant Analysis:** This comment is an additive to the discussion of cultural differences. It quantifies my inherent belief that minorities are not treated with cultural considerations or awareness within the healthcare system. It also shines a light on the need for transcultural competence. When we are examining our cultural glasses implicit biases should naturally arise and be addressed.

**Contextualization:** In 2023 I experienced a miscarriage. I was nearly seven weeks pregnant. There was a significant loss of blood which resulted in a emergency room visit. The nurse, was one of the nurses that was on the team that treated for me for sepsis and he and the other nurse was incredibly kind. The provider was very condescending. She asked me how did I know that I was having a miscarriage as opposed to a heavy menstrual? I was very dehydrated so they could not get a line. After seven attempts to get a line, I asked if there was alternative to drawing blood. The provider told me that she would not send for a ultrasound without a positive preganacy test. I had to refuse treatment when they made an eigth attempt for a line. She finally agreed to a urine sample. There was so much blood that the nurses had to change my clothes. After the confirmed preganacy and ultrasound that indicated I was indeed having a miscarriage that I was allowed pain medication. The injection was given in my thigh because of the amount of blood loss and dehydration. There aren’t consequences for the lack of correct treatment. This goes back to the previous comment explaining how white men have the control when it comes to cultural norms. While the idea influencing human relations in a pluralistic society, this can only happen if there are supports in place to undo current acceptable beliefs and practies.

**Source five:** Turner, J., Higgins, R., & Childs, E. (2021). Microaggression and Implicit Bias. *The*

*American Surgeon*, *87*(11), 000313482110234.

https://doi.org/10.1177/00031348211023418

**Comment 7:**

**Quote/Paraphrase:**When patients are victims, bias can also lead to systematic dismissal of symptoms, inferior medical services, and less aggressive preventive care. Physicians who are victims of such phenomena may deal with the repeated trauma of receiving microaggressions and biases from patients and/or colleagues which may cause mental distress and ultimately functional impairment affecting work performance.

**Essential Element:** This comment is related to transcultural competence.

**Additive/Variant Analysis:** This is an additive to the conversation about transcultural competence. The comment expounds on several aspects of transcultural competence. It highlights the gravity of knowing ones culture glasses. Furthermore it encompasses the scope of sociocultural encounters.

**Contextualization:** When I came across the first several quotes for this assignment I knew the organization I would focus on for my paper would be the healthcare system. The health care system comes with such heavy unitended consequences. It also is a mirror, vivid mirror, for Christians. Believers are called to a higher standard for living and while we all are seeking to be Christ-like, we are human. I think evaluating human relations in a pluralistic society tests the theory of who we say we are. Thus far in my research most exclusively evaluated the provider, patient relationship. This article included providers among other providers. This was a concept I had not considered myself. It makes me think about my mother and some of the battles she faced as a nurse in a different light. It also make me wonder about intercultural relations in a multicultural setting. For example, what are the residuals from a white nurse executing orders from a white doctor that are not culturally sensitive or even worse harmful because it stems from implicit bias? What about other cultures? How do those inter-cultural relationships play out? Does the power dynamic determine the response?

**Source Six:** Martin, M. E. (2017). Introduction to human services: Through the eyes of

practice settings (4 edition). Pearson.

**Comment 8:**

**Quote/Paraphrase:** A common criticism of the major theories of human behavior is that they are all based on Western cultural mores, and thus what behaviors are deemed normative and healthy are culturally prescribed and not necessarily representative or reflective of non- Western cultures.

**Essential Element:** This quote is associated with biblically based human relation skills.

**Additive/Variant Analysis:** This is a variant to my understanding of human relations. The comment is presumptuous in believing that major theories are based solely on western culture. This quote may be accurate for the United States.

**Contextualization:** I was not sure how to classify this quote. I found it rather

fascinating. I would like to expound on this more. If this is indeed true, then are the creators of these theories victims of the very concepts they warn against? Is adapting a specific type of belief system a reflection of implicit bias or cultural relevance?

**Source Seven:** Thomas, D. C., & Inkson, K. (2017). Cultural intelligence: Surviving and

thriving in the global village (3 edition). Berrett-Koehler Publishers.

**Comment 9:**

**Quote/Paraphrase:** In an increasingly competitive world, individuals who do not keep their skills up to date run the risk of losing out. Organizations that do not develop these skills in their employees risk falling behind their competitors.

**Essential Element:** This quote is associated with the six sources of influencing human relations in a pluralistic society.

**Additive/Variant Analysis:** This comment is a variant to my understanding of

human relations in a pluralistic society. This comment expounds on social

and structural ability. It lightly alludes to unintended consequences.

**Contextualization:** First, to give context to the quote, the skill it was referring to was cultural intelligence. I do not think organizations who lack cultural intelligence are in any jeopardy at all. This is a country that was founded, built, and maintained on the premise of white supremacy. Organizations do not need to incorporate diversity or cultural initiatives of any kind. Recently the president defunded all DEI initiatives and funding. Disney still has policies for their employees' appearance that are culturally biased. Now this comment may have some validity in niche markets like the medical field. However, that is a residual of the hawthorne affect. The practitioners would have to be caught and held accountable. If the lack of cultural intelligence affects the bottom line of the company then certain precautionary measures would have to be in place. Otherwise, America is a country where that statement is definitely a variant.

**Comment 10:**

**Quote/Paraphrase :** Despite rapid modernization, culture is slow to change. For the foreseeable future, cultural differences will remain a key factor in interpersonal communications.

**Essential Element:** This quote is related to transcultural competence.

**Additive/Variant Analysis:** This quote is a variant to my understanding of transcultural competence. The comment seeks to expand on culture and human experience by the dilemma of a change and stagnice.

**Contextualization:** The combination of social media, globalization, and smart phones have shifted culture. Culture is no more than ever, evolving and changing. While there are element of culture, namely tradition, that are slow to change or will never change, culture is changing. I remember when I first learned what a love language was, now that is one of the first questions I am asked whenever I meet someone. I think a more accurate statement would be tradition is slow to change. Inherent cultural norms.

**Source Eight: J**andt, F. E. (2017). An introduction to intercultural communication: Identities in a global community (9 edition). SAGE Publications, Inc.

**Comment 11:**

**Quote/Paraphrase:** Worldwide skin color alone does not define race.

**Essential Element:** This comment is in relation to transcultural competence.

**Additive/Variant Analysis:** This quote is a variant to my beliefs of transcultural competence. I believe the statement itself lacks knowing ones culture.

**Contextualization:** I cannot think of a place in this world where skin color alone does not define race. Not only does skin color define race, races have gone through extreme measures to rid themselves of darker complexions. In India, there is a caste system which is marketed to outsiders as socio-economic, however educated dark skin Indians are automatically considered lower caste and treated as such. In Panama, for decades the country paid Europeans, and a premium for blonde hair blue eye Europeans to relocate to Panama to populate with lighter skin peoples in order to wash out darker skin Panamainas. There was a literal bleaching of the bloodline. Dark skin does define race, it also carries a negative connotation.

**Comment 12:**

**Quote/Paraphrase:** The biologically based definition establishes race as something fixed; the sociahistorically based definition sees race as unstable and socially determined through constant debate.

**Essential Element:** This quote is associated with transcultural competence.

**Additive/Variant Analysis:** This comment is a variant to transcultural competence.

**Contextualization:** I have not been exposed to any social-historical debates about race. I think that race has been pretty defined at least since the creation of the US. There is a really good book called the One Drop Rule and discusses the law and application of said law in the US. It was mainly focused on a case of a man who had a minute percentage of black in him. The definition and connotation of race has been constant, the intermingling of races, and preservation of what is deemed an inferior race has been the only debate. The information presented is highly inaccurate.

**Works Cited**

Bergbom, I., Nåden, D., & Nyström, L. (2021). Katie eriksson’s caring theories. part 1.

the caritative caring theory, the multidimensional health theory and the theory of human suffering. *Scandinavian Journal of Caring Sciences*, *36*(3). https://doi.org/10.1111/scs.13036

Jandt, F. E. (2017). An introduction to intercultural communication: Identities in a

 global community (9 edition). SAGE Publications, Inc.

‌Marja, silén-Lipponen, & Suvi, A. (2021). Cultural Competence Learning of The Health

 Care Students Using Simulation Pedagogy: An Integrative Review. *Nurse Education in Practice*, *52*, 103044. <https://doi.org/10.1016/j.nepr.2021.103044>

Martin, M. E. (2017). Introduction to human services: Through the eyes of practice

 settings (4edition). Pearson.

Perez, M., & Luquis, R. (2019). *Cultural Competence In Health Education And Health*

 *Promotion.* John Wiley & Sons.

‌Sabin, J. A. (2022). Tackling Implicit Bias in Health Care. *New England Journal of*

 *Medicine*, *387*(2), 105–107. <https://doi.org/10.1056/nejmp2201180>

Thomas, D. C., & Inkson, K. (2017). Cultural intelligence: Surviving and thriving in the global

 village (3 edition). Berrett-Koehler Publishers.

Turner, J., Higgins, R., & Childs, E. (2021). Microaggression and Implicit Bias. *The*

 *American Surgeon*, *87*(11), 000313482110234.

 <https://doi.org/10.1177/00031348211023418>

‌