Human Relations in a Pluralistic Society

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Professor

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Assignment #3 - Essay

Write a 5-7 page essay, not including the cover and Reference pages. The essay should

demonstrate scholarly work, cover the subject with sufficient detail to communicate a solid

understanding of applying foundational Christian worldviews, and show proper APA 7 style

documentation for the resources (Reference).

1. Select a social issue you are passionate about. Applying transcultural competence

principles, compose a research project for addressing this social issue while working in

communities with people of diverse cultures. Include the following elements:

a. Describe how to use biblically-based human relations skills in the context of a

pluralistic society.

b. Using cultural lenses relevant to the social issues you selected, examine

leadership skills needed to address cultural diversity in this area.

2. Structure (Paper Evaluation includes the following structure below).

a. Download the OGS APA Course Assignments Template 7th Ed 2021 template

from the General Helps folder in the AA-101 The Gathering Place Course on

DIAL. Using the template create the following pages.

b. Title Page (not included in page count).

c. Copy and paste the assignment instructions from the syllabus starting on a new

page after the title page, adhering to APA 7th edition style (APA 7 Workshop,

Formatting, and Style Guide, APA 7 Quick Guide).

d. Start the introduction on a new page after the copied assignment instructions.

3. Be sure to meet the following expectations.

a. Begin with an introductory paragraph that has a succinct thesis statement.

b. Address the topic of the paper with critical thought.

c. End with a conclusion that reaffirms your thesis.

d. Document all sources in APA style, 7th edition (APA 7 Reference Example, APA

7 Quick Guide)

e. Include a separate reference page, formatted according to APA style, 7th edition

(not included in page count).

f. Use a minimum of seven scholarly research sources (two books and the

remaining scholarly peer-reviewed journal articles).

4. Submit the completed paper to DIAL.

Racism, particularly in the United States, has always been a social issue that fascinates me. Part of the fascination is confusion because I am multiracial due to my parents being biracial. The inability for various cultures to coexist in harmony is perplexing given the makeup of my family. The other fascination, heavily laced with vexation, is how systemic racism is in America. Every system, food access, education, financial resources, even healthcare is rooted in the dehumanization of non-white ethnicities, namely those of color. I have had the unfortunate experience of multiple serious illnesses which consequently caused me to see a myriad of specialists. Through my health journey I have witnessed many biases and disparities that dwell in nearly all aspects of healthcare. A multilayered project similar to the Stanford Prison experiment would expose systemic biases in healthcare to serve as a roadmap for implementing appropriate supports for providers to thrive in a pluralistic society.

God transcends culture. He is the creator of cultures and as believers our belief in God should govern our actions in all aspects. Scandinavia has developed a theory that aligns with biblically based human relations skills. 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 (Bergbom, 2021). During Jesus' ministry when Lazarus died, Jesus wept. Jesus knew that He was going to resurrect him but still showed emotion. That demonstration of compassion to the family was natural caring. He acknowledged Lazurus current state of death and the impact that had on the family. When I was in the hospital with sepsis, my veins kept getting infiltrated. One morning during report they decided if there were unable to get a line there was no choice but to insert a port. The port was not the ideal option because of the sepsis it had the potential to cause more issues. My nurse, Cheeyi, explained the situation to me. Then she set up the equipment to draw my blood. After, most unexpectedly she prayed over me. She prayed that God would give her access to my veins and that it would not infiltrate. Her prayer worked. Cheeyi’s faith saved me that day. Her use of faith and other fruits of the spirit such as gentleness, kindness, patience, and love went beyond her role of care as a nurse and exemplified caractive caring. Cheeyi is of Asian descent and I am black, yet in that moment our belief in God united us. s believers it is our responsibility to exemplify biblically based human relations. 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 ( Bergbom, 2021). Again going back to my battle with sepsis I believe it was the love and compassion that was shown to me that got me through.

Due to the location of the infection, my right leg was completely fileted. There was a surgical team that had to change the dressings twice a day. Despite the medical cocktail I was given, before the wounds were fully packed I was in complete tears. It was indescribable pain. The surgical team would tell me stories ore recipes as they changed the dressing. I remember distinctly the golden milk recipe. It is a middle eastern snack drink. Those moments cast a bright light on a very dark time. My discharge date got pushed back because one of the wounds began to tunnel. I was hysterical. Two of the surgeons sat with me as I cried. They listened to my concerns. Connecting with me on a human level helped me trust their care. As a black woman, I am always on edge whenever I am at the doctors or the hospital because there is such a track record of the miscare of people of color. The surgeons going the extra mile to sit with me in such a vulnerable state, alleviated the “suffering” that came with the illness I was battling.

The implementation of biblically based human relation skills is rather rudimentary in the grand scheme of things. Practical steps to integrating one’s purpose into every aspect of their lives will automatically cause a paradigm shift. When I learned about Imago Dei in a previous course at OGS, it changed the trajectory of my educational tenure. I understood myself on spiritual level and through the class I was able to integrate the totality of who God created me to be. The quest to bear fruits of the spirit went from being a goal to being a norm.

We can be both believers and flawed. It can be cumbersome to identify implicit bias when privilege is connected to it. To be white in America, there is not an inherent need to have knowledge of other cultures. Thomas argues that “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” (Thomas, 2017). However, at least in America the fusion or recognition of cultures can be ignored. White men create the dominant 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. (Prez, 2019). Because white men are the creators of mainstream culture, then those biases or oblivious nature to other cultures is permissible.

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 (Marja, 2021). This is where sociocultural encounters come into play. If healthcare providers were intentional about their cultural glasses and identifying implicit biases it could mitigate the potential risk for unintended consequences. For months I experienced inexplicable stomach pain. Whenever I would go to my pcp, who is Nigerian, she would simply say I needed to lose weight. When I went to urgent care, I was told I could take advil, and that dietary changes would alleviate the pain. Finally after two months of suffering I went to the hospital only to find that there were two masses in my stomach the size of golf balls.

 Unfortunately this is commonplace. 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 ( Sabin, 2022).

This is why my proposed research project would be to observe care given to various cultures by white practitioners. Step one would be to have a patient evaluated by a person who does not share the same culture or ethnicity. Step two would be to have a provider of a shared culture to reexamine the same patient. Then the two care plans would be evaluated. This would conclude with a patient survey to collect data about their treatment on an emotional level. To take it a step further, there could be a white provider examining a patient by themselves, and then again with another provider of color. The intention behind that would be to see if the Hawthrone affect applies to the medical field.

 After the information is gather it would need to be analyzed. If the white provider follows the same protocol whether being observed or not, then the solution would start with cultural awareness. If there was a change in performance, then unconscious/ implicit bias would need to be addressed.

 Finally interpersonal communication with various cultures among providers would need to be explored. Turner believes 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 (Turner, 2021). The trauma inflicted on healthcare providers who work with providers who aren’t culturally sensitive is a subject not often explored or discussed.

 This is why my proposed project would be a good start to identifying and hopefully reducing some of the racial disparities in healthcare. 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 (Perez, 2019). The best way to implement this would be to identify leaders who possess the transformative and servant-leader leadership styles. In addition, it may be possible that transformational leaders are more effective for project success in collectivistic cultures as compared to individualistic cultures because of their selflessness, individualized consideration, and team-orientation (Muhammaed, 2021). These leaders would thrive in healthcare because people who choose healthcare as a profession are answering to a call to save lives. The role is inherently servant leader in a lot of aspects. While it is true that the systems in america are foundationally racist and not conducive to a pluralistic society; it would be a great fallacy to assume that the various cultures represented in healthcare are.

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