

# Example of essay on cultural competence in healthcare

[Technology](#), [Development](#)



## **Racial Identity Development**

### Section 1

Racial Identity Development (RID) is a continuous human awareness development process. In explaining this process, the Cross Model purports that RID is an incessant process occurring in a number of phases. In the Cross Model explanation, the process of racial identity development consists of six progressive stages. These are the pre-encounter stage, encounter, immersion, internalization and commitment stages. These stages as explained in the model comprises of a number of discerning characteristics as exhibited by individuals in each particular stage of development.

It is common for my peers to associate me with terrorist activities because of my Arab descent. Some even make racist remarks on a personal level in multiple occasions or make jokes regarding my descent. I have struggled to understand why I seem to pose a significant security threat to my peers despite being harmless. Mostly I associate such behavior with a lack of understanding of other people's culture and beliefs. Not all Arabs are terrorist, but just a section of extremist religious factions that thrive on violence. Such distinction is necessary if society is to co-exist peacefully.

Others see me coming from afar and change directions or refuse to invite me to social events on the fear that I might carry a grenade with me. In addition, I receive more intensive security checks than other races at social gatherings and public places. Because of this consciousness, there has been an endless inner struggle to comprehend what it really means to be an Arab, especially whenever terror and terrorism becomes the order of the day. An Arab is a human being, just like everyone else. Arabs also have distinctive cultural

beliefs that may appear extremely divergent from other cultures such as dressing. These differences should make us appreciative of the diverse cultures in society rather than create divisions along racial lines.

## **Section 2**

Racial and ethnic disparities in healthcare result from the sum of policies and procedures created and enforced and the behaviors engaged in by health practitioners. It is paramount to understand how healthcare providers contribute to racial and ethnic disparities in healthcare delivery in their individual capacities. In their article *Paved with Good Intentions*, Ryn and Fu claim that there is incriminating evidence on how health providers contributes to this menace (2003). The article further states that healthcare providers influence health and class disparities in multiple but interconnected ways (p. 249). Firstly, health providers contribute to ethnic disparities by influencing help-seekers' views of themselves and the world around them. Healthcare providers may recommend lower medical expectations for minority groups than those of higher social standing. They do this by reinforcing stereotypical views about a patient's social standing, race or income level. For example, a practitioner may automatically assume that a patient of African American descent is poor and thus prescribe generic drugs of that he or she can afford. Consequently, the patient learns to accept such treatment on subsequent visits to healthcare institutions.

Secondly, health providers contribute to these disparities by their preferential attitudes in communicating matters relating to health promotion and disease prevention. Such attitudes depend on patients' social status

defined by ethnic backgrounds, income levels, and education. For example, wealthy clients receive the utmost care, and practitioners ensure they are comfortable. In contrast, poor patients may receive less medical attention from practitioners who do not care to elaborate on the patients' medical condition and give appropriate recommendations.

Thirdly, by being gatekeepers to health provision, healthcare providers determine access to medical care and benefits offered to patients. Such discretion has contributed immensely to healthcare disparities through mechanisms such as granting differential access to health services and treatment. For example, in specialty care, physicians in (dialysis) offered little or no medical information to black dialysis patients as opposed to their white counterparts. This scenario is similar in cardiac tests, diagnostics and procedures in which white patients had an upper hand compared to non-whites (Cleary & Epstein, 1999 as cited in Ryn & Fu, 2003, p. 249).

Lastly, this disparity is also in the partial medical recommendations and clinical decision-making. This partiality depends on ethnic background especially in pain assessments and treatment. This trend is no different in mental health services in which psychiatrists are more likely to prescribe antipsychotic medications to Blacks than Whites are.

Stereotypes, generalizations and assumptions play crucial roles in contributing to racial and ethnic disparities in healthcare. Humans tend to apply stereotypes when trying to understand other people's behavior and beliefs. Humans, through generalizations and stereotypes, contribute to discrimination through a process referred to as stereotype application.

Stereotype application occurs “ when people mentally assign an individual to

a particular class and then unconsciously and automatically assign the characteristics of that group to the individual in question" (Stangor, 2001 as cited in Ryn & Fu, 2003, p. 250). Stereotype application results from social conditioning in people's thinking during their upbringing that determines how they perceive and relate to others. For example, mental health workers' diagnosis of an alcoholic adolescent son varied significantly. The behavior of black adolescents were rated as "less clinically significant" than the behavior of their white counterparts (Burk & Sher as quoted in Ryn & Fu, 2003, p. 250). Such generalizations contribute to racial disparities by influencing providers' beliefs about patients' social and behavioral characteristics. Consequently, this influences their clinical decision-making.

Stereotyping occurs due to two kinds of reasoning: moral rationing and appropriateness (p. 251). In moral reasoning, the provider believes that the help-seekers' natural characteristics make him/her deserving of the administered treatment. For example, physicians were likely to recommend antiretroviral therapy to HIV/AIDS patients who were perceived to be adherent to treatment, with African American patients prone to be classified as non-adherent (p. 251). In contrast, appropriateness argues that the provider considers social and behavioral characteristics of the help seeker to make one more or less appropriate of receiving a particular treatment. Social characteristics and behavior include status, income level, or social support. Physicians consider African Americans lacking in family structures that can adequately support a patient suffering from terminal illnesses thus are less likely to recommend aggressive medical therapies for them.

Stereotypes and generalizations increase racial divisions among

communities making social integration a difficult goal to achieve. It is especially disturbing when such stereotypes are propagated by the educated in the society; those charged with the responsibility of bringing social change. Everyone has the right to access quality healthcare regardless of his or her status income level, race, or religion. Racial identity development (RID) is thus an important concept that could help eliminate disparities. RID knowledge will help health providers cultivate awareness and motivation, which are necessary conditions for curtailing bias in health provision and receipt. Hence, providers will conduct and administer treatments and services unaffected by the social, demographic characteristic of the people they serve or intend to serve.

### **Works cited**

Ryn, M. V., & Fu, S. S. " Paved With Good Intentions: Do Public Health and Human Service Providers Contribute to Racial/Ethnic Disparities in Health?" American Journal of Public Health 93(2). 2003: 248-252.