

# Culture

Sociology



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Culture and Healthcare Provision Culture and Healthcare Provision Cultural awareness entails getting to be familiar with how culturally mediated values, beliefs as well as practices determine the way a person interprets situations around them or how they deal with other people. It requires a person to look outside himself or herself to understand their own culture and realize that what appears appropriate to them may be unacceptable in a different culture. This study is guided by the concept that the cultural background shapes an individual and influences their views on other people and themselves. It will focus on cultural knowledge, cultural skill, cultural encounter, and cultural desire as the key components in understanding other diverse cultures. Some people get used to their culture to an extent that they it becomes their norm and they thus tend to disagree with opinions that appear contrary to their own culture. They fail to recognize that other people's point of view is still valid irrespective of being different from their own. Campinha-Bacote (1999) referred to such tendency as cultural imposition and claims that such aggravating propensity can be dealt with by understanding one's own cultural norm and realizing that they may differ from those of other but that does not mean other's views are less superior. The inclination to view one's ideas or cultural opinions as more superior or as an entity that should be used to rate other views was what Sumner referred to as ethnocentrism. Ethnocentrism can be interpreted to mean the way people understand and interpret the world around them in relation to their own culture. Ethnocentric persons fail to conceive to other ways of thinking or behaving since they consider anything different from their cultural norms to be automatically erroneous and inferior. This reads to the notion that other people who follow a different culture have inappropriate behaviors or

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views. Cultural Knowledge Another important concept regarding culture is cultural knowledge. Campinha-Bocote (1999) posits that cultural knowledge is the process of learning the cultural views, languages and other components that differ from one's own to be able to embrace them and for cultural competence. By gaining some understanding on other people's culture, one is able to acknowledge and appreciate their perspective though different from one's own outlook. Additionally, understanding other peoples culture enables one to apprehend the existing physiological differences that may affect the health care given to different groups. Campinha-Bacote argues that the disease prevalence, health-related beliefs and values as well as treatment efficacy differ across cultures. He thus proposes the need for health care providers to understand these factors when addressing health problems (Campinha-Bacote, 2002).

Cultural Skill This is considered as the healthcare provider's capability to perform culturally based physical assessments with the aim of obtaining a patient's health history. This capability is determined by health care giver's understanding on physical variations that distinguish a given cultural group. Persons from different culture or ethnic groups differ in aspects such as body structure, skin color, as well as other physical characteristics. According to Campinha-Bacote (2002), these factors play a role in determining one's health condition. However, it is important that heal care providers be conversant on how to apply these features in their work while conforming to cultural norms. Some health care providers tend to assume that cultural differences have no effect on health care. Campinha-Bacote refers to this as ' cultural blindspots' and argues that they should be avoided since they indicate cultural incompetency on the persons making the assumption.

Cultural Encounter

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Campinha-Bacote defines cultural encounter as the process that encourages nurses to interact with other nurses from cultural background different from their own. He contends that it is impossible to ignore the fact that there are intra-group variations that will always exist and thus the term culture cannot be applied without portraying some form of discrimination. However, as Campinha-Bacote insists, this study maintains the need for nurses to interact amongst themselves as well as with the patients to enable them refine their own beliefs about others' cultural beliefs and practices. Interacting with persons from different cultures enables nurses understand real situations and avoid relying on academic knowledge they may have learnt, which could at times be based on stereotypes. Additionally, there is need for nurses to understand their patient's language for effective communication.

Expressions made in different languages may be interpreted differently, which may lead to conveyance of different meaning than the intended one.

As Campinha-Bacote (2002) argues, cultural encounters are crucial in assessing the linguistic needs of clients. Cultural Desire Campinha-Bacote (1999) defines cultural desire to be the motivation of health care professionals to interrelate with persons from different cultural backgrounds with the aim of increasing their cultural competency. He goes further to differentiate cultural desire from duty by argue that the desire is self-willed as opposed to duty which is equivalent to obligation. He prefers that the health care givers be driven by willfulness to go beyond lip service to understand their patients cultural believes and needs and address them appropriately. Campinha-Bacote (2002) considers this the real sign of one acceptance and willingness to learn of other people's culture. References

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