

# Cross-cultural education

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Cross-cultural education Cross-cultural education is a critical tool for promoting cultural understanding and peace. The concept is a multidisciplinary approach that facilitates comprehension of other people's values regardless of the ethnic or cultural backgrounds. The authors of the article exemplify the significance of the agenda in achieving equity in health provision in a multifaceted society comprising African Americans and the west. Eiser, Arnold, and Ellis contend that a sustainable health care plan respects and accommodates the individuals' differences and entail attitude modification to gain knowledge of the various people's attitudes (177). The authors justify their views by analyzing different cases including African American patients. Through the analysis, they present logical approaches to offering holistic healthcare plans in line with the cultural information and history.

Particular cases include slavery, indigenous remedies, Tuskegee syphilis research, and religious beliefs. In addition, they incorporate the interplay between health literacy, cynicism, and racial discordance and concordance. I concur with the authors perceptions that health system should adjust in line with the mentioned pillars. It is a matter of concern that African Americans have particular beliefs regarding health provision. In most instances, they possess specific religious beliefs and home remedies for ailments that the mainstream system should consider (Eiser, Arnold and Glenn 180).

Nonetheless, the authors fail to elaborate the cultural concerns that hinder access of health services by the African Americans. Therefore, it is prudent to research the validity of these cultural practices and harmonize them with the conventional system to minimize the differences.

Moreover, Eiser, Arnold and Ellis suggest that the nurse education should

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incorporate enhancing cross-cultural awareness, communication, and race. They argue that the knowledge shall boost the competency of physicians to deliver quality services that incorporate social and historical comprehension of a disorder (Eiser, Arnold and Glenn 185). Even though the past and present information is vital for determining and diagnosing, I think it is discriminatory to link specific conditions with African Americans past. The African Americans had ways of treating the diseases, but they are outdated. Hence, studies should address the changing circumstances and disease. However, it is prudent to acknowledge the African American views regarding the handling of the patients and their past health records. I concur with the authors in the section that they describe that cross-cultural education should investigate the conflicting paradigms for illness, issue of mistrust and aspects of conflicting cultural norms. In this perspective, it is imperative to recognize African Americans social institutions, religious beliefs and practices and perceptions of life. A tolerable knowledge of the social concerns shall generate an environment that fosters unity and peace. Besides, it will minimize the gap between the perceived minority groups in the crucial sector.

Conceivably, the authors of the article illustrated the differing viewpoints that hinder African Americans from accessing the health services. The findings indicate that cultural practices are an essential issue that the typical health system overlooks. Nonetheless, it significantly contributes to the problems. Cultural views affect the people's perception of the health system and promote mistrust. Therefore, the society should embrace diversity, and the health system should incorporate the cultural and ethnic information to attain the universal health provision goal.

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Work Cited

Eiser, Arnold R., and Glenn, Ellis. " Viewpoint: Cultural competence and the African American experience with health care: The case for specific content in cross-cultural education." *Academic Medicine* 82. 2 (2007): 176-183.