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Cultural Differences

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I concur with the author on the assumption that treating patients with respect is insufficient. It is essential to understand the particular practices of various cultures to offer excellent healthcare. Even treating patients with respect is insufficient since it may be perceived as disrespectful. As stated in the article, eye contact is a sign of respect when conversing with someone. However, a girl from a Muslim nation would be unable to do so since it goes against her beliefs. Everyone has their traditions and beliefs; therefore, I believe it is essential for health practitioners to be aware of their diverse history. A patient is a human being with a life outside of the hospital, so everything they value and stand for circles within them. In addition, understanding cultural norms might help healthcare practitioners avoid misunderstandings and deliver better treatment.

When it comes to cultural standards, I think that stereotyping may be dangerous. It is simple to stereotype and claim that everyone in a culture is the same, but you cannot say that since you do not know everyone in that society. For instance, if a patient is a Muslim woman from a Muslim nation, and a physician is a man, she may be attempting to prevent sexual impropriety. We may generalize and claim she is impolite. While making eye contact to demonstrate interest or understanding is acceptable in American society, it might lead to unwelcome touch in Muslim culture. Similarly, stereotyping patients can have negative bearings on their wellbeing. According to a study released from the University of Southern California, people who feel stereotyped by healthcare professionals are less likely to follow medical recommendations and are more inclined to reject their physicians and other healthcare personnel.

Most cultures, particularly Mexicans, Filipinos, Mandarin, and Iranians, believe that a patient's family should be the first to learn about a dismal prognosis. The family should then

determine whether or not to inform the patient. Individuals of such cultural backgrounds may think that telling a terrible patient news would indeed be inappropriate. Doing so would only prolong the patient's stress and maybe prolong death by eliminating hope. Moreover, some people believe that only God knows when someone might die of natural causes; for example, the Hmong believe that the only way a doctor can know when someone might die is if the doctor intends to murder the patient. Additionally, in Japanese and Chinese, the number four-character is pronounced similarly to the character of the word death; therefore, patients do not prefer admission into this room. Similarly, patients in America are not comfortable being hospitalized in 13 wards because the number is considered bad luck (Galanti, 2000).

Although cultural generalizations will not apply to every patient seen by a physician, understanding broad behavioral patterns and beliefs can offer physicians and other medical workers a reference point for providing the best possible treatment. Hopefully, this series will understand the treatment of patients from a range of cultural and ethnic backgrounds with better knowledge and competency.

Reference

Galanti, G. A. (2000). An introduction to cultural differences. *Western Journal of Medicine*, 172(5), 335. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1070887/>

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