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Culture can be defined as the sum total of the experiences of the group of people existing under a particular situation. A group shares many common elements. Culture is the how people in a group live and spend their lives together. The society’s values and norms are a vital part of the culture. Culture defines as to how a group of people make meaning of the world around them. It includes language, customs, norms, food, dressing, occupations, marriage and child rearing practices, social gatherings, learning, schooling, dependencies, reactions to disorders, buying/selling, communication, entertainment, habits, leisure, family life, and everyday matters. The seasons, climate, resources, politics, economy, literature, mass media and popular public opinions make a huge impact on the culture. Culture is not stagnant. It is built and re-built, but the major elements remain the same in it. Culture varies from place to place, house to house, city to city and country to country (Beriss, 2000).

These elements are important, and the topic under study is the perception of health, health decision making, and health behaviours. The culture influences the idea of how the illness is perceived and catered in the context of the culture. In some cultures, like those in African countries, the minor illnesses are difficult to treat and covers many issues due to lack of resources to deal with it. While in first world, developed countries, the major illnesses are seen to be more catered and there are facilities to treat them. The visiting to the doctor and availing the health facilities is also influenced by the culture. The cultural elements help in the perception of disease and health behavior determination. The health behaviors relate to the process by which there is an attitude formation towards the health behavior. Every culture comes with different health related practices. The health behaviors, keeping clean and ensuring safety measures are all a part of the process in which health is the primary factor. The education, schooling, family practices and schooling are all determinants of how the people see health issues. For example, people with lower education have a tendency to see mental disorders as a super-natural phenomenon. People with a lack of access to better health facilities are prone to choose cheaper self-medication services and use of home-made remedies to cure disorders. Without the cultural impact and economic development, the people are prone to develop the negative health behaviors or believes. For example, in India, many young girls and women refrain from eating certain foods during pregnancy as it is considered to be harmful for the fetus. This custom has no logic or scientific evidence but it is related to the followed customs and rituals (Petrakova, 2007).

My own rearing has been in a middle class family of the American descent. I have the education, parental impact and learning that has improved me in my health behaviours and health related decision-making. I am a fitness lover and a lover of green eating habits. I exercise well and try to drink as many glasses of water as I can, in a day. I get regular checkups, twice a year from a general physician. In case of a minor illness like flu etc. I avoid self-medication and go straight to a doctor. My health-based decision-making comes from my own active involvement in the healthy lifestyle practices. I take pro-active approach and decision-making behavior to improve my health. Due to my upbringing in a modernized and health effective environment,   
I find many practices of health as primitive in other cultures. US culture is based on the basis of the developments in health care and technology. The other cultures have many old and traditional values that don’t fit in the context of the development of the culture. For example, in China, rural areas practice foot binding to improve the fertility of a young woman. In Thailand, the custom of eating only green vegetables during the lactation phase is a primitive practice. I don’t find any such practice in the modern day America, but there are still some people who doubt that vaccination is effective or medicines actually work. Hence, the culture is a strong predictor of healthcare practices for all stakeholders.

Diversity of a culture and the cultural competence seem to be two much differentiated ideas but they have a strong association with each other. Mitchell & Bowell (2016) describes the cultural competency as the ability to relate and work well with people of any cultural background. The cultural competency allows the workers of any organization to be more diverse in approach and be more inclusive. Diversity, on the other hand, is the multiculturalism (Dawlin, 2012). The inclusion of different cultures and different aspects religions, castes, ethnicities, nationalities and other areas increase the diversity of the culture. The research by Kohlbry, (2016) observed that culturally diverse learning of newly inducted employees promotes the tolerance and improve the environment in the workplace. Another research by Bowers & Newark (1995) considered that the experiencing cultural diversity in childhood by school learning contributes strongly in developing the cultural competency later in life. Another research by Fine, Johnson, & Ryan, (2018) observed that there is a strong correlation between the exposure to the cultural diversity and the knowledge of the cultural competency. It was observed that the both paradigms work hand-in-hand to improve the skills and competency of the workers. The cultural competence allows the organizational negativity to be reduced. The employees with a more diverse background tend to be more culturally competent and it allows them to be more diverse in the course of their action.

There are many methods by which the cultural competency can be improved by the many measures, in the workplace settings. The cultural competency can be improved as it allows the nurturance in the processes that has allowed me to become which there has been a development of multiple paradigms. Following measures can be taken by health care practitioners to improve the health care related cultural competency.

1. Induct the employees of all backgrounds. There can be a quota system, present to cater the routine and services of people of all backgrounds.
2. Train the employees by giving them basic orientation of the backgrounds present in US and by allowing them to experience the backgrounds of different people in their probationary phase.
3. Allow the interaction between the staff already trained in the cultural competency and allow the employees to observe the interaction.
4. Make more diversity related policies that will help the employees to be more specific and learned about their workplace practices.
5. The health care practitioners can also have a special services package for giving the health services to the marginalized community.
6. The health care practitioner can be allowed to be more comprehensive and can allow more diversity in the healthcare by considering the cultural practices of the patients while they treat them (Rivera & David, 2018).

These are the few measures that can be taken so that healthcare is more engaging, diverse and culturally competent, for all stake holders.

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