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Multicultural Communication and Its Origin Essay

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Explain multicultural communication and its origins.

Multicultural communication is the interaction of different cultures through a lens of economic and social activities. Within healthcare, multicultural communication is very important as it improves quality of services. Healthcare practitioners work in multicultural communication systems which differ from civilizations. Civilizations although different, are important components of cultures and contribute to the origin of multicultural communications. Through all these civilizations, health or form of health has been in existence which has been updating since then to our latest technological sphere. Multicultural communication and its origin have therefore been in existence within civilizations.

Development of civilizations also saw developments of multicultural communications (Woodley, 2019). It is worth noting that communication within health shapes market power, social status and cultural behaviour which can be important in health policy making.

Communication is a primary component within healthcare which should be included in health care systems especially in policy making.

Compare and contrast culture, ethnicity, and acculturation.

Culture is the shared beliefs of a particular people which is normally expressed by social learning. An ethnicity is a social grouping of people that share the same civilization. Acculturation is the process of learning other people's culture (Woodley, 2019). All these

important aspects have one similarity; they promote behaviour change, values and theory meanings. They can also be passed from generation to generation throughout time.

Explain how cultural and religious differences affect the health care professional and the issues that can arise in cross-cultural communications.

Religion and culture are important social aspects. Culture and religion influence greatly how people think and in healthcare these aspects influence healthcare decisions. As such, communications and interactions between doctors and nurses' are determined by patients' culture and religious beliefs. Additionally, healthcare systems convey instructions using religious or cultural recommendations which the community finds very easy to adhere (Rowland, 2020). Additionally, the community can decline medical practices if they have a resolution that the methods imposed reduce or impact negatively their culture and religion.

Discuss family culture and its effect on patient education.

Patient's family forms part of the healing process of the patient. Therefore, family is important in promotion of education and making of good decisions which should align to patient's expectations. While the level of education differs, it is the role of health practitioners to inform the family on the medical issues of their patient (Sutton et al., 2019). Therefore, increasing of the level of patient education improve healthcare professionalism because of exchange of ideas.

List some approaches the health care professional can use to address religious and cultural diversity.

Medical practitioners use different approaches within healthcare. These approaches should be merited on patient's belief, practice and recommendations. However, some other cultural practices are harmful which does not conform with modernity (Sutton et al., 2019).

Cultural diversity can be used while considering language to postulate positive output on communications skills and promotion of proper decision making.

List the types of illiteracy.

Medical professionalism uses simple medical terms for patients and their families to educate and ensure they understand the medical conditions and problems. However, some patients and their families have illiteracy which make them not to understand or learn; they can be termed as illiteracy. One of the results of illiteracy is difficulty in analysing medical instructions. The various types of illiteracy are; functional illiteracy, cultural illiteracy, civil and literal illiteracy (Subke et al., 2020). Illiteracy negatively affects confidence within healthcare. It may also contribute to stigmatization because of the gap on the relationship between clinical relationship of doctors and patients.

Discuss illiteracy as a disability.

Others posits that illiteracy is disability? However, this is not true, poverty, learning disabilities and low education may lead to high levels of illiteracy. The creation of programs such as training may improve patients to fully interpret information (Subke et al., 2020). Therefore, illiteracy can be affirmed by many factors which makes it not a disability. Health professional exterminates the assumptions that every patient is capable in following medical instructions perfectly especially when there is a communication link between patients and doctors.

Give examples of some myths about illiteracy.

Every community has myths, and some of them are used to educate the society about values. Therefore, associating myths and illiteracy is very difficult because illiteracy as an aspect is influenced by economic status hence myths can not be imposed on the basis of socio-economic base. It is a myth that illiteracy is disability which is totally wrong. Literate

patients can either ignore their health which is regarded for the unintelligent. Illiteracy therefore is disadvantage but is not a factor within access of healthcare services.

Explain how to assess literacy skills and evaluate written material for readability.

Healthcare systems may use readability materials to ensure quality information is formulated. The level of readability in patients can be tested by use of simple measure if Gobbledygook (SMOG) which is popular (Subke et al., 2020). Experiencing sensitivity towards cultural differences and perspectives of people from different cultures develop and establish effective communication. While this is true, health care professionals can use non-verbal communication skills which include gestures and expressions to communicate.

Identify ways a health care professional may establish effective communication.

There are two ways that people may use to communicate. It can either be verbal or non-verbal. Verbal may be used when the patient has the capacity to talk while non-verbal communication may be applicable when patients are unable to talk or have a disability. Non-verbal communication to health practitioners is very important as it helps the professionals to understand the patient's needs (Konttila et al., 2019). Non-verbal may also include sign language which is slowly becoming used commonly within the society. Communication empathy is important within patient education because they express patient personal feelings to health care professionalism. Effective communication among doctors therefore improves medical knowledge and skills to both patients and medical practitioners.

Suggest ways the health care professional can help a patient remember instructions.

Medical practitioners use many ways to help patients remember instructions including writing them down for them. Others may use diagrams and pictures to help educate the patient to remember instructions correctly (Konttila et al., 2019). Additionally, when conducting patient teaching, healthcare professional will need to use simple and accurate

medical terms so that the patient understands. To sum up, the repetition can be used to facilitate the ability to synthesize what is important and what is not important.

References

- Konttila, J., Siira, H., Kyngäs, H., Lahtinen, M., Elo, S., Kääriäinen, M., ... & Mikkonen, K. (2019). Healthcare professionals' competence in digitalisation: A systematic review. *Journal of clinical nursing*, 28(5-6), 745-761.
- Rowland, D. L. (2020). Culture and practice: Identifying the issues. In *Cultural differences and the practice of sexual medicine* (pp. 3-21). Springer, Cham.
- Subke, J., Downing, C., & Kearns, I. (2020). Practices of caring for nursing students: A clinical learning environment. *International journal of nursing sciences*, 7(2), 214-219.
- Sutton, A., Clowes, M., Preston, L., & Booth, A. (2019). Meeting the review family: exploring review types and associated information retrieval requirements. *Health Information & Libraries Journal*, 36(3), 202-222.
- Woodley, L. K. (2019). *Acculturating Into Nursing: The Lived Experiences of Hispanic/Latinx Baccalaureate Nursing Students*. The University of North Carolina at Greensboro.