

## **An In-Depth Study on Cultural Care Practices Followed In Hospitals**

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### **Abstract**

The ability to meet up social, lingual and cultural requirements of patients by healthcare professionals is referred to as cultural care practices. The foremost component of cultural competence is respect towards patients and makes them feel that the healthcare professionals value culture, traditions, language and convictions of patients. This would probably increase trust, encourages responsibility of patients, enhance patient outcomes as well as decrease disparities occurring in patient care. When the patients understand that their issues are being heard and addressed by healthcare providers, they tend to participate actively in the healthcare delivery. This can help in improving the preventive healthcare and in turn assist in dodging medical errors that is associated with irrelevant legal costs. This present study focuses on patient understanding towards cultural care and their expectations towards it.

**Key words:** Lingual, cultural requirements, healthcare professionals, cultural competence, traditions, convictions, trust, cultural care, etc.

### **1. Introduction**

In India, practices with respect to cultural care demonstrate the ability to provide care to patients associated with their convictions, values and practices. Consequently, delivering outstanding health care services will help in meeting up societal, linguistic as well as cultural requirements of patients. The foremost responsibility of a patient care service is to make them aware of their health conditions by educating them. The demanding patient population faces high level of language obstructions, cultural contrasts as well as gaps in health literacy. This augmented diversity occurring among patient population must be sorted out by

employing cultural care practices in hospitals. This cultural care practice in healthcare organization elevates the advantages obtained. These kinds of practices deliver numerous advantages for all the stakeholders of hospitals. This certainly increases the health outcomes of patients as their engagement towards the health care delivery becomes mounted. Also the trust and rapport build between health care professionals and patients will be really higher. By employing these practices, patient data can be easily collected and thereby community participation can be increased. The discrepancies occurring among patient population also can be curtailed. The market shares of hospitals get boosted due to efficacies of cultural health care provided to patients. Although there are numerous advantages, there are some disadvantages too such as lack of cultural competency for health care professionals. The cultural care provided may not meet the expectations of patients. But, language barriers can be eliminated completely through cultural care practices.

## **2. Review of literature**

Osman (2018) explored about cultural care practices that are necessary to be followed in neonatal care as well as maternal care at Egyptian hospitals. According to this study, the cultural practices play an imperative role in improving of infant outcomes. A sample of about 200 women was taken for this study and is done descriptively.

Hickey (2019) established the relationship among teams provides safe and secured maternity care with respect to indigenous families. This study provides information regarding staff experiences while establishing culturally safe maternity for multidisciplinary teams. This is done by employing thematic analysis.

Gharra (2019) demonstrated about patient ratings with respect to briefing of discharge and post communication aspects. This is done on basis of readmissions that happen within 30 days. According to this study, review of post

discharge reinforces explanations for in hospital discharges and also serves in terms of protective factor.

Harmon (2019) experimented about medicate practices followed by nurses based on cultural aspects. This highly influences provisions of pain care for elderly people within acute care. This is an ethnographic study. This study provides information about awareness related to provisions of pain care for elderly people.

Jones (2019) explored the effects of three dimensional simulations for nursing students for improving competent care that are provided culturally. This exhibits that cultural competence plays an integral part in providing quality care. This research encompasses planned behaviour theory, empathy simulations, etc.

Zeh (2018) conducted a survey to identify the perception of health workers with respect to their services based on cultural competency. It is found that formal training is provided to staffs in regular basis to improve the healthcare service they provide. The training is formally structured to enhance the cultural competence.

Antunes (2019) measured the service care processes that are culturally adaptable and reliable. This involves a module named MPOC-SP which points out the adequate reliability. This module is also employed to access the practices regarding families using rehabilitation services. This also helps in figuring out the consistency.

Prasopkittikun (2019) studied the gap during implementation of patient care based on their families. The perception of nurses are taken into consideration among Thai nurses population. The shortage in nurse population is also a reason behind challenges of proper implementation of family centric care.

Young (2019) illustrated the priorities of nurses while providing patient care. There will be high commitment levels, behaviours, caring attitudes possessed by nurses to achieve patient satisfaction. Also personalized care should

be delivered to patients by associating emotions of patients. Theoretical links provide strong evidence for resilience.

### 3. Cultural care practices followed in hospitals

The paramount aim of the current study is to find out patients' perception towards cultural care practices followed in hospitals. Since, cultural care practices play a vital role in health care delivery and speedy recovery of patients; this is done with the aid of questionnaire encompassing patient perception about cultural care practices followed in hospitals. The sample size collected was 90. The responses were obtained from patients of different hospitals in Chennai.

### 4. Analysis and interpretations

The descriptive statistics with respect to demographic profile is summarized below in Table 1.

**Table 1**

*Descriptive Statistics*

Gender	Frequency	%	Age (years)	Frequency	%	Qualification	Frequency	%
Male	56	62.2	< 25	37	41.1	UG	44	48.9
Female	34	37.8	25-35	45	50.0	PG	32	35.6
Total	90	100	>35	8	8.9	Others	14	14.4
			<b>Total</b>	<b>90</b>	<b>100</b>	<b>Total</b>	<b>90</b>	<b>100</b>

It is understood from Table 1 that more of respondents are male (62.2%), lesser than 25 - 35 years of age (50%) and are undergraduates (48.9%).

**Table 2**

***Mean Analyses for Cultural Care Practices Followed in Hospitals***

<b>Cultural Care Practices</b>	<b>Mean</b>	<b>Rank</b>
The hospital personnel explains treatment details in my regional language (Language)	4.277	7
I am treated with dignity and respect (Dignity)	4.077	2
The physicians helps me out in understanding my medical condition clearly (Explanation)	4.255	6
Everyone are treated equally without any kind of bias (Equality)	3.833	8
Dietary practices are adjusted according to my cultural dimensions (Dietary Practices)	4.177	4
I am provided with daily counseling session wherein I can sort out my queries without any language barriers (Counseling)	4.146	3
Images and other aids are used for easy understanding of treatment(Description)	4.200	5
My cultural expectations are met (preference for women doctor, etc.)(Beliefs)	4.011	1

It is evident from mean analysis that the beliefs variable possesses highest mean value followed by other variables such as dignity, counseling, dietary practices, description, explanation, language and equality. Therefore, it is clear from mean analysis that patients articulate that their cultural expectations are met.

**Table 3**

***KMO and Bartlett's Test***

Kaiser-Meyer-Olkin Measure of Sampling Adequacy		0.822
Bartlett's Test of Sphericity	Approx. Chi Square	394.063
	DF	28
	Sig	.000

Table 3 describes KMO and significance value. If the KMO value is  $> 0.6$  and significant level is at 1%, it indicates that the given data is satisfactory for conducting factor analysis. Here, KMO value is 0.822 and therefore, provided data is satisfactory for conducting factor analysis.

**Table 4**

*Total Variance Explained*

Component	Rotated Sums of Squared Loadings		
	Total	% of Variance	Cumulative%
1	3.740	45.745	46.745
2	1.919	23.993	70.738

It is evident from Table 4 that ten variables have been grouped into two factors and they all together explain 70% of variance.

**Table 5**

*Grouping of Components*

Cultural care practices	Component	
	1	2
Description	0.825	-
Counseling	0.795	-
Dignity	0.783	-
Explanation	0.760	-
Language	0.759	-
Dietary practices	0.719	-
Equality	-	0.958
Beliefs	-	0.838

It is observed from Table 5 that the variables are categorized into two

components and they are named as service delivery and expectations. The service delivery component comprises of description, counseling, dignity, explanation, language and dietary practices. The expectations component comprises of equality and beliefs.

**Table 6**

***Demographic Outline vs. their Perception***

<b>Demographic Profile Vs. their Perception</b>	<b>F</b>	<b>Sig.</b>
Age Vs.service delivery	1.629	0.202
Age Vs.expectations	1.567	0.256
Educational qualification Vs.service delivery	2.461	0.710
Educational qualification Vs.expectations	11.280	0.000

Table 6 shows that the significant value is more than 0.05%. Hence, there is no difference among different age groups with respect to their perception towards service delivery and expectations, also there is no difference among different education with respect to their perception towards service delivery but since the significant value of less than 0.05%, and there is a difference between different education and expectations.

## **5. Conclusion**

The evolving health care trends must probably direct towards patient expectations, their decisions and contribution towards community. It is clear that all these should be beyond imagination and thereby usual practices in hospitals must accompany cultural care to accomplish better health care delivery. The advancements in field of health care are very much significant that several cultures such as proper conduct, training, conducting workshops, improved competency, etc. Nowadays educational institutions provide awareness to people about promising care accompanied with cultural care practice. Healthcare professionals should be careful and cautious in providing health care to patients.

They should not exploit the diversity of patients, their cultural beliefs, etc. The hospitals must continuously work on improving the cultural care practices.

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