

SOCIOCULTURAL DIMENSION OF HEALTH CARE SERVICE: THE CONTEXT OF PRIVATE HOSPITAL IN NEPAL

Nabin Tamli*

**Ph. D. Scholar, Singhania University, Pacheri Bari, Jhunjhunu (Raj.), India*

***Corresponding Author:**

Abstract

Health is an existential reality. This means an individual's value is recognized until s/he exists in the world. Existentialism and human health thus are complementary to each other. Viewing human health with the lens of existentialism provides us an understanding that it is the health through which human being claims themselves as the most valuable creature in this world. Health care approach therefore seems to be existentially significant in all endeavours of human life, may it be the context of family or other health care institutions such as hospitals. I in this context would like to argue that whether the health care services delivered to the patients are existentially significant. A human being is commonly known as a social creature. That is, they are circumscribed within the social norms, values, guidelines, socio-economic class and the like. In this context, one may raise question of the kind: Do these dimensions of human life influence the quality health care services imparted to them in hospitals? Or, do the hospitals norms, values, guidelines often ignore or undermine these social aspects of patients while imparting quality health care? In this article, I bring forth some key socio-cultural dimensions and their influence over quality health services delivered in private hospitals in Nepal. The learning from such scholarly discussion about health care institutions and its relationships with the sociocultural limitations/prospects of the patients would serve as a milestone for the nurses and hospital managers/administrators to bring socio-cultural flavor in the strategies of patients' treatment in private hospitals in Nepal.

Keywords: health care services, socio-cultural dimensions of health, social cognitive theory

INTRODUCTION

Health is often described depending upon a particular worldview. Since individuals are different in terms of their worldviews, they often make meaning of a good health differently. In this context, existential conceptualization of health seems relevant as it encourages the health activists, health workers, patients and caretakers to make individual choices in maintaining healthy life. In the existentialists' sense, being healthy means cultivating meaning, purpose and values in relation to human existence, where life is lead in the presence of pleasure, happiness and bliss. The meaning of being human is realized through blissful existence of life. But the bliss of the kind can hardly be experienced in the presence of suffering, be it social, physical, emotional, and spiritual. According to (Daniel, 2009), the world is full of miseries and/or sufferings and an appropriate response to these miseries and suffering may lead an individual to peace and bliss. This gives me the sense that an individual can hardly be emancipated from all kind of miseries until they remain as a part of the world in relation to their physical, social and emotional realities. This also means that the suffering of an individual is conditioned by the environment in which they live. Environment in this context refers to social, cultural, economic, and ecological setting in which an individual lead their everyday life.

In existential perspective the meaning, values and functions of human beings can be realized until their healthy survival in the world. An individual can be caught with disease by both body and mind. As they are conditioned by certain kind of disease, their existence, i.e. the existence of the disease in body and/or mind is questioned and is challenged through medical health care services. In the presence of disease in the body and/or mind, an individual is often supposed to be unhealthy (if WHO definition of health is ignored for a while).

As human beings are claimed to be a social and cultural being, they are often conditioned by socio-cultural environment. In this sense, their physical and/or mental pains/ sufferings are considered to be the product of their socio-cultural upheavals. The health care services delivered in hospitals, in this context, requires integrating socio-cultural considerations of the patients in questions to justify it as patient-centric or patient-friendly health care services. This paper therefor aims at exploring the socio-cultural components of the patients and how such components influence patients' suffering. Such exploration in this paper may help the health workers and health care takers in hospitals to understand what socio-cultural components are to be integrated in their health care taking system in hospital to add quality in their health care service approaches.

Theoretical Underpinning

Health care service in hospital can be equalized with the practice for promoting health.

Practice and enhancing the quality of health can be conceptualized from ecological model (Sallis, Owen & Fisher, 2008) of health practices. This model of health provides extensive and liberal understanding on health behaviors of an individual. According to the model, as mentioned in (McLeroy, et.al, 1988) health behaviors of an individual are influenced at multiple levels: (a) intrapersonal, (b) interpersonal, (c) institutional, (d) community and (e) public policy. At the intrapersonal level, an individual health is influenced or deteriorated depending upon their knowledge, attitudes, beliefs and personality traits. At interpersonal level, an individual health is deviated from its original state depending upon who s/he interacts with and what supports or challenge their quality health practices in the society (Green & Kreuter, 2005). Similarly, at organizational level, the health practices are influenced depending upon their organizational codes of conducts, organizational polices rules and regulations (Centers for Disease Control and Prevention, 2017). Some kind of organizational policies, codes, regulations and laws may encourage health practices while sometimes it does not. At community level, it is observed that the individual is question is supposed to follow the community norms, values, culture and relationships. While doing so, some codes of conducts in the community may be supportive to their health while some others are liable to cause some kind of health problems. In the same way, the government policy related to quality health practices can also influence the healthy behaviors of the patients. Such policy contributes to control or facilitate health related activities. Such activities may focus the prevention from possible disease, regulating the health care procedure and strategies etc. Any health care support system delivered to the patients in hospitals needs to make space for inquiring about what affected patients' health and how to provide the medical care in alignment with these levels of health practices.

Family as health influencing factor

The roles of family in maintenance of health and prevention from diseases are so important that it cannot be compared with any other social institutions. Family is supposed to be the most demanding and prioritizing organization for quality health status of an individual. From birth to death, an individual lives in a family. Therefore family relationships, the quality of food practices in the family, availability and accessibility to regular health care and support in the family often exert an immediate impact upon one's health status. The state of family health practices often reveals the prevailing health conditions on the part of the patients. As asserted by (Lau, Quardel, & Karen, 1990), most of the diseases occur due to unhealthy food practices and behaviors that essentially take place in the family environment. Aligning with ecological model of health behavior, family is explained as an organization that consists of some values, norms and relationship within the members. The family values and norms often are developed to track down a particular kind of food habits, behavioural performances and relational attachments. But to what extent these practices in the family ensure healthy living is often undermined. There is hardly any family-based health care pattern which is significantly useful universally. Since

the family in question is culturally embedded social unit which is limited to specific location, social setting, religious concepts and resources, the health care system in each family may appear to be unique to the other. Therefore, it can hardly be determined about causes of patients' deteriorating health without uncovering their family history and daily practices.

Culture and Health Care

Culture is supposed to be a way of life. The life of an individual is the embodied form of all the daily practices, be it social, religious, food and customs, etc. that s/he comes across in his/her daily life. An individual leads his/her life based on his/her concept or ideas, value systems, norms and principles (Betancourt, et. al. 2016). They perform his/her life in a pattern, which is often claimed to his/her culture. An individual culture is ever changing. That is, the culture which s/he performs today may not be the same next day. But no individual in the universe live by without following any culture.

Culture can have a profound influence on human life, shaping individuals' beliefs, values, behaviors, and experiences. Cultural factors can affect many aspects of life, including health, education, social interactions, and economic opportunities. One way in which culture influences human life is through its impact on health beliefs and behaviors. Cultural beliefs and practices can affect perceptions of illness and appropriate treatments, as well as attitudes toward preventive care and health promotion (Betancourt, et. al. 2016). For example, cultural factors have been found to influence perceptions of mental illness, with some cultural groups being more likely to seek treatment from traditional healers rather than Western medical professionals (Kirmayer, & Pedersen, 2014). Cultural norms and values can affect patterns of socialization, communication styles, and expectations for social behavior, which can in turn affect mental health and well-being. Cultural influences on human life are complex and multifaceted, and can vary significantly across different cultural groups and contexts. Acknowledging and respecting cultural diversity is an important step in promoting equitable opportunities and improving health outcomes for all individuals.

Culture plays a significant role in shaping attitudes and beliefs about health and health care. Different cultural groups may have distinct beliefs, practices, and values related to health and illness, which can affect their use of health care services. For example, in some cultures, the family may play a central role in decision-making about health care, and seeking care outside the family may be viewed as a last resort (Betancourt, et. al, 2016). In other cultures, there may be a greater emphasis on individual autonomy and self-care.

Cultural beliefs and practices can also affect perceptions of illness and appropriate treatments. Some cultures may prioritize traditional healing practices over Western medicine, while others may prefer a combination of both (Kleinman, & Benson, 2006). It is important for health care providers to be aware of and respectful of cultural diversity in order to provide highquality care that is sensitive to patients' beliefs and preferences (National Center for Cultural Competence, 2017). This may involve incorporating cultural competence training into medical education and providing language interpretation services for non-English speaking patients.

Cultural effect on health is unimaginable. Every culture consists of a health care system.

It influences people's beliefs, opinions, causes, consequences and preventive measures related to a particular disease and/or health problem (Markus, & Kitayama, 2010). Culture also consists of instructional guidelines on how to promote health and how to lessen the pains. It develops a set of activities related to the health care support and the ways of a particular treatment (World Health Organization, 2019). Individual health is therefore often under the impression of his/her cultural notion to health. Cultural differences give rise to differences to health status. For example, priority of son over the daughter in the family often brings biasness on the part of the daughters in every family practice such as choice of food, clothes, entertainment and workload. It is therefore necessary for every health workers to possess cultural competence to identify the patients' cultural influence over their health (Betancourt, 2016). In the diagnosis and treatment strategy, the nurses and doctors in hospital thus required to embed the cultural notion of health practices. Such kind of treatment would provide the patients a space to feel that the type of treatment is culturally significant and that such treatment is to be trusted and is the subject of acceptance (Kleinman, 1980). It helps the health workers in hospital to conceptualize the cultural notion of health and diseases. Such notion either be accepted or rejected based on the non/availability of objective responses to the disease in question. The cultural competence thus may provide the health workers a way out to determine the process, strategy and approach for providing quality health care services to the patients in question.

Economy and Health Care

Economic reality can hardly be denied in every walk of human life. So far the matter of health is concerned, economic reality on the part of the patients affect their health choices, selection of hospitals, ways of treatment, and the type of care they would receive to regain their good health. A number of literature in health sector (Adler & Newman, 2002; Braveman, Egerter & Mockenhaupt, 2011) claim that the health care of the children in rich and educated family is better than those in poor and illiterate families. The infant mortality rate in poor family is higher than that of rich family (Hillemeier, et. al. 2007). The rate of childhood illness in the poor family is also higher in the comparison of the rich family (Lu & Halfon, 2017). The family economy thus exerts a deep and visible impact on the health of the family members.

The economy can have a significant impact on health care opportunities. When the economy is strong, there is often more funding available for health care services, which can increase access to care and improve health outcomes (Cutler, 2017). However, when the economy is weak, funding for health care services may be reduced, and individuals may have more difficulty accessing care. In addition, economic factors such as unemployment, poverty, and income inequality can also impact health care opportunities (Institute of Medicine, 2013). Individuals who are unemployed or living in poverty may have limited access to health insurance or be unable to afford the cost of health care services, which can lead to untreated medical conditions and poor health outcomes (Institute of Medicine, 2013). Income inequality can also create disparities in access to health care, with those in lower income brackets often having less access to care than those with higher incomes.

Furthermore, economic factors can impact the availability of health care providers and facilities. In areas with low economic growth or high unemployment, health care providers may be less likely to establish practices or facilities, which can limit access to care for those living in these areas (Garthwaite, et.al, 2018). The economy plays a critical role in shaping health care opportunities, and efforts to improve the economy can have positive impacts on access to care and health outcomes. Additionally, policies and programs that aim to address economic disparities can help to reduce inequities in health care access and outcomes (Himmelstein, & Woolhandler, 2016).

In the developing countries like Nepal where a large number of people are still struggling just for their survival, quality health care happens to be less prioritized. The patients from extremely poor family choose economic safety first against their health safety. In a null set, it can be claimed that wealth improves health. If it is so, the health care system, plans and procedure in health care institutions are to be aligned with the parents' level of economy. Being a service providing organizations, it must be the motto of the hospitals to prioritize the quality of service the most. The service quality of the hospitals must not be determined by the economy that patients in question hold; but it should be the part of human feelings, empathy, compassions to be shown by the health workers to the patients. If the health workers hold knowledge on socioeconomic conditions of the parents, they can economize the service quality. That is, providing specific service in considering the time and resources of the patients to respond to their disease.

Education and Employment for Health Care Opportunity

Employment status of patients often appears to be one of the most important determinants of health care choices. But employment status of the patients reciprocates with their academic qualification. For (Coughlan, Turner, & Trujilo, 2013), education has to play dual roles in health sectors. First, it brings health consciousness in an individual and second it promotes their status of income (Public Health England, 2018). Health consciousness on the part of the individual or patients encourages them to adapt health-friendly behaviours. Such behaviours may incorporate their food habits, rest and sleep, the degree of work, the relationship with others, balanced diet, sanitation and hygiene, so on and so forth. It equips them skills of identifying and/or making choice of actions in every walk of life that ensures better health conditions. Education thus makes them aware about what a good health is and how a particular kind of good health can be ensured (Coughlan, Turner & Trujilo, 2013). Second, education also brings opportunities to enhance level of economy in life. A variety of economic opportunities are cultivated by being engaged into various kind of occupation. Highly educated individuals get highly paid jobs (Antwi, Moriya & Simon, 2016). Higher income from the better occupational opportunity thus ensures availability and accessibility to better health care services on the part of the patients. Their choice of doctors and nurses, availability and accessibility to better condition of hospital beds, quality of medicine, and other utilities and devices used in the process of treatment are dependent upon their status of income (Rosenbaum, Shaefer & Schoeni, 2016). Since the private hospitals provide quality care to the patients by means of technical/medical devices, they often are bound to charge higher from the patients. On this ground, the education and occupation of the patients appear to be an influencing factor in determining the quality of health care services. Higher levels of education are frequently linked with higher-paying occupations and better job stability, making education an important element in deciding career options (Montez, et.al. 2019). This can therefore have an effect on access to healthcare since those who have steady employment are more likely to have health insurance and the financial means to pay for healthcare. On the other hand, career opportunities may be impacted by health care availability.

People who are in poor health or who have untreated medical disorders may find it challenging to find or keep a job, which may impede their ability to grow in their careers. Additionally, having access to education

Conclusion

Health care service is a primary need for an individual. But this need in an individual life is affected by a number of factors. Socio-cultural factor is one among them. Socio-cultural factors include family, culture, economy, education and occupation of an individual. Each of these dimensions of socio-cultural life of the patients has vital influence up on the availability and accessibility to quality health care services in the private hospitals in Nepal. The sociocultural impact of cultural beliefs, attitudes, and practices on the provision and utilization of health care services is referred to as the sociocultural dimension of health care services.

Language difficulties, cultural norms towards health and illness, and variations in health attitudes and practices among various cultural groups are examples of such variables. It is crucial for healthcare professionals to be aware of and sensitive

to the sociocultural aspects of healthcare in order to deliver successful patient care. This entails being aware of the cultural values and customs of their patients as well as having strong cross-cultural and multilingual communication skills. Understanding and addressing the sociocultural aspects of health care, as well as recognizing and respecting the variety of cultural backgrounds among patients, are all parts of cultural competence in healthcare. This may contribute to better health outcomes and lessen inequalities in access to and the standard of healthcare.

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