

CULTURE AND HEALTHCARE DELIVERY (RELATIONSHIP BETWEEN CULTURE AND HEALTH, THE ROLE OF SICK PERSON (SICK ROLE), HEALTH SEEKING BEHAVIOUR, SOCIO-CULTURAL IMPLICATIONS OF ILL-HEALTH)

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Abstract

This article is examining culture and healthcare delivery (relationship between culture and health, the role of sick person, health seeking behaviour, socio-cultural implications of ill-health). This study aims at providing better understanding of these concepts: culture and health care delivery, the role of culture in strengthening healthcare practices, cultural competence in healthcare, health disparity and cultural context, barriers to effective healthcare delivery, cultural sensitivity in healthcare policy, intersection between culture and healthcare, the role of the sick person in healthcare delivery, health seeking behaviour and the role of healthcare delivery in influencing health seeking behaviour. Guided by Leininger's culture care diversity and universality Theory, this research design adopted is commonly known as secondary data collection. This is basically collecting data from existing sources preferably because of its low cost advantage as compared to a field research. Our current study looks into already published studies and reports as the data was easily accessed through online journals and libraries. The study finds out that the intersection of culture and healthcare delivery is a complex and multifaceted topic that requires careful consideration of cultural diversity in health beliefs, practices, and access to care. It also discovers that understanding the role of culture in shaping healthcare outcomes is essential for improving patient-provider interactions and addressing health disparities.

Keywords: Culture, Healthcare delivery, Sick role, Health seeking behaviour, Socio-cultural and ill-health

1. Introduction

Health and culture are intricately linked, influencing how individuals view illness, pursue treatment, and engage with healthcare systems. Cultural norms across different societies shape the definitions of health and disease, dictate the role of the ill, and set

expectations for seeking health care (Kleinman, 1980). In various contexts, cultural beliefs and practices affect not only patients but also healthcare providers and the overall service delivery. Therefore, it is crucial to understand the relationship between culture and healthcare to enhance health outcomes and tackle disparities (John, 2020).

Healthcare delivery is not uniform; it is influenced by various cultural factors that affect access, communication between patients and providers, and adherence to treatment. Aspects such as cultural competence, sensitivity in healthcare policy, and awareness of barriers to effective care underscore the necessity of viewing health practices within their socio-cultural framework (Betancourt et al., 2016). The sick person's role in healthcare is particularly significant, as societal norms dictate how illness is reported, perceived, and treated. Additionally, health-seeking behaviors are heavily influenced by cultural norms, religious beliefs, and social structures, which can either promote or hinder access to formal healthcare systems (Airhihenbuwa, 1995).

This study is guided by Leininger's Culture Care Diversity and Universality Theory, emphasizing the need for culturally appropriate care for effective healthcare delivery (Leininger & McFarland, 2006). By utilizing this theoretical framework, the research highlights the importance of honoring cultural differences while implementing practices that bolster healthcare systems. The theory sheds light on how cultural values, beliefs, and lifestyles shape health practices and outcomes, providing insights into the complexities of patient-provider relationships in diverse cultural settings.

Methodologically, this study employs a secondary data collection approach, utilizing previously published research, journal articles, and reports. This cost-effective method allows for a broad examination of existing knowledge regarding the culture-healthcare delivery relationship. The findings reveal that the intersection of culture and healthcare is intricate, necessitating careful consideration of cultural diversity in health beliefs, practices, and access to care. Furthermore, the study reinforces that recognizing the cultural factors influencing healthcare outcomes is vital for enhancing patient-provider interactions, formulating culturally sensitive policies, and ultimately addressing health disparities (WHO, 2017).

2. Literature Review

The study of culture and healthcare delivery is crucial in understanding how diverse cultural backgrounds influence the provision and receipt of healthcare services. Healthcare delivery does not occur in a vacuum; it is shaped by cultural norms, values, practices, and beliefs, which can significantly affect patient outcomes, satisfaction, and the overall effectiveness of health interventions. This background introduces key themes in the relationship between culture and healthcare delivery. Healthcare delivery is influenced by a variety of factors, one of the most significant being culture. Culture

plays a pivotal role in shaping health beliefs, behaviors, and the overall healthcare experience. This review explores the intersection of culture and healthcare delivery, highlighting the ways cultural factors affect patient care, health outcomes, and the functioning of healthcare systems

2.1 The Role of Culture in Shaping Healthcare Practices

Culture encompasses shared beliefs, values, customs, and behaviors that are learned and passed down through generations. In the context of healthcare, culture influences how individuals perceive health, illness, treatment, and care practices. The healthcare system is affected by the culture of both patients and providers, creating potential points of intersection or conflict.

According to Kleinman and Benson (2016), cultural factors such as language, religion, family roles, and gender expectations often shape individuals' health beliefs and attitudes toward medical care. For example, some cultural groups may prefer traditional healing practices over conventional medicine, while others may have specific taboos about certain types of medical interventions, such as blood transfusions or organ transplants (Good, 2015). The points by these authors show that what is inherent in a cultural system equally form health patterns and belief or approach to health related issues. For instance, the Igbe religion of Kokori, Delta State, believes that one need not go to the hospital for treatment, for their white chalk is completely capable of healing any ailment. This is their belief system and they have been practicing it since inception of the religion, traced to their founder, Ubiesha, who is said to possess healing powers. So it is futile telling an Igbe religionist when sick to visit the hospital. This is a true example of how religious and cultural belief shapes health practice.

2.2 Cultural Competence in Healthcare

The concept of cultural competence has gained increasing attention in healthcare delivery. It refers to the ability of healthcare providers to understand, appreciate, and effectively interact with patients from diverse cultural backgrounds. Cultural competence includes recognizing the importance of culture in healthcare, learning about different cultural practices and values, and adapting healthcare delivery to meet patients' cultural needs (Campinha-Bacote, 2022). Without cultural competence, healthcare providers may inadvertently misinterpret patients' needs, leading to poor communication, non-adherence to treatment regimens, and dissatisfaction with care. Studies have shown that culturally competent healthcare can improve patient outcomes by fostering trust and enhancing the therapeutic relationship (Betancourt et al., 2015). The recognition and respect for cultural diversity within healthcare settings can significantly improve patient care. Healthcare providers who understand cultural differences can better address the needs of diverse populations, offering care that aligns with patients' values and practices. Cultural competence training for healthcare professionals is essential to bridging gaps in communication and

ensuring that care is both appropriate and effective for people from various cultural backgrounds (Betancourt et al., 2015). Despite the foregoing though, this is not yet the case in Nigeria. This is contentious and arguable, especially as medical tourism for those who can afford it has become the order of the day. Even in local places and at the grassroots, health sensitization remains a teething challenge. In Northern Nigeria, the health system remains poor as the populace seek alternatives and even self-medication including the reaffirmed beliefs in traditional herbs to heal them. Again, due to poor information technique and approach, successes regarding cultural competence in healthcare has been relative. In cities like Abuja, Lagos, Port Harcourt and few other places, it is slightly better due to an educated population but the Nigerian factors like corruption and complacency in health sector funding remain teething.

2.3 Health Disparities and Cultural Context

Cultural factors are also closely tied to health disparities, which refer to differences in health outcomes that are closely linked to social, economic, and environmental conditions. Many racial, ethnic, and cultural groups face disparities in healthcare access, quality, and outcomes. This is often the result of both systemic and cultural barriers, such as lack of access to care, language barriers, or cultural misunderstanding between healthcare providers and patients (Smedley et al., 2023). For instance, studies have shown that minorities often experience lower levels of trust in healthcare providers, which can contribute to less engagement with the healthcare system and poorer health outcomes (LaVeist, 2015). Understanding the cultural roots of these disparities is essential for addressing healthcare inequities and ensuring that healthcare services are accessible and effective for all populations.

2.4 Barriers to Effective Healthcare Delivery

Cultural barriers, such as language differences and differing expectations of care, often hinder effective healthcare delivery. For example, patients with limited proficiency in the primary language of the healthcare system may struggle to communicate their symptoms, understand medical instructions, or follow prescribed treatments. Moreover, some cultural groups may not value or trust Western medicine, which may lead to a reluctance to seek care or adhere to medical advice (Kleinman & Benson, 2016). Another barrier is the healthcare provider's cultural competence. A lack of awareness of cultural differences or bias can lead to the misdiagnosis of conditions or ineffective treatments. Addressing these barriers through education, training, and institutional policies can enhance the delivery of care and improve health outcomes.

2.5 Cultural Competence and Health Disparities

Cultural competence is the ability of healthcare providers to interact effectively

with people from different cultures. It involves understanding and respecting cultural differences in healthcare practices, recognizing the role of culture in shaping health beliefs and practices, and adapting healthcare delivery to meet the cultural needs of patients. Research has shown that cultural competence can reduce health disparities. For example, studies have demonstrated that cultural misunderstanding between healthcare providers and patients can lead to misdiagnoses, non-compliance with medical advice, and poor health outcomes (Jenkins, 2016). Addressing these issues through cultural competence training can improve patient-provider relationships and, by extension, health outcomes (Betancourt et al., 2015).

2.6 Cultural Beliefs and Health Behaviors

Cultural beliefs influence health behaviors, which include diet, exercise, the use of alternative therapies, and attitudes toward seeking medical care. For instance, some cultures may emphasize the use of traditional medicine and herbal treatments over Western pharmaceuticals (Zhan, 2018). Acknowledging and respecting these practices within the healthcare system can improve patient satisfaction and adherence to treatment plans. In some cultures, there are specific beliefs around mental health that differ from the Western biomedical model. In some Asian and Latino communities, mental health issues might be viewed through a spiritual or familial lens rather than a medical one (Sue et al., 2019). Healthcare providers who are unaware of these cultural perspectives may struggle to provide appropriate care or fail to connect with their patients.

2.7 Language Barriers in Healthcare

Language is another critical cultural factor in healthcare delivery. Patients who do not speak the dominant language in a healthcare setting face significant barriers to understanding their diagnoses, treatment options, and instructions. This can lead to medical errors, dissatisfaction, and poorer health outcomes (Flores, 2015). The implementation of professional medical interpreters or bilingual staff is one way to address language barriers which come with additional cost. However, it is also important for healthcare providers to develop cultural humility, which is the ongoing process of self-reflection and self-critique in order to understand and respect the cultural context of their patients (Tervalon & Murray-Garcia, 2018).

2.8 Cultural Sensitivity in Healthcare Policy

At the policy level, cultural sensitivity in healthcare can be a tool for improving the accessibility and effectiveness of care. Healthcare policies that recognize the diversity of populations can help ensure equitable access to services. For example, community-based health programs that are tailored to specific cultural groups are more likely to be accepted and effective than generalized approaches (Cohen, 2021). Global

health initiatives also highlight the importance of cultural considerations in healthcare delivery. For example, in many developing countries, addressing the cultural norms around gender and family roles is essential for improving maternal and child health outcomes (Sen, 2019). Health campaigns that ignore cultural norms or fail to account for local knowledge are often less successful.

3. Intersection between culture and health

3.1 Health Beliefs and Practices

Cultural beliefs can directly influence health behaviors. For example, in some cultures, folk medicine and traditional healing practices are integral to healthcare, while in others, Western medicine is preferred. These cultural norms determine how people respond to illness, seek treatment, and the types of preventive care they use. In many Indigenous cultures, traditional healing practices such as herbal remedies and spiritual rituals are used alongside, or sometimes instead of, conventional medical treatments. These practices are deeply embedded in the cultural context and are often associated with a holistic understanding of health that considers the physical, mental, and spiritual dimensions of well-being (Kirmayer, 2017).

3.2 Cultural Differences in Health Perception

People from different cultural backgrounds may perceive illness and health in diverse ways. For instance, while Western cultures may prioritize the physical aspects of health, Eastern or Indigenous cultures might emphasize the spiritual or emotional components. In some Asian cultures, mental health issues are seen more as a social stigma, while in other cultures, mental well-being might be understood through a collective framework, where community support is essential to overcoming mental illness (Chow & Choi, 2017). In a country like Nigeria, the above views Chow and Choi made hold contention. It is only the educated class who view sickness empirically and seek medical attention. Since Nigeria, for instance, enjoys possesses a religious climate, it is difficult not to seek spiritual direction, especially when ailment persists. It is not clear of it is a case of suspicion or simply a cultural pattern or even both.

3.3 Health Disparities

Cultural and socioeconomic factors often intersect to create health disparities among different groups. Minority and marginalized populations may experience poorer health outcomes due to various factors, including limited access to healthcare, discrimination, and differences in cultural attitudes toward seeking medical help. Racial and ethnic minority groups in the U.S. experience disparities in health outcomes, partly due to cultural barriers in healthcare access, language differences, and systemic inequalities. African American and Hispanic populations, for example, tend to have higher rates of chronic diseases such as hypertension and diabetes, partly due to both social determinants of health and cultural attitudes toward healthcare (Williams & Mohammed, 2019).

3.4 The Role of Family and Community

In many cultures, family and community play central roles in health care decisions. In some cultures, family members may be the primary caregivers, and decisions about medical treatment are often made collectively, rather than individually. This can influence the types of treatment people accept and how they engage with healthcare systems. In many Latino cultures, family is central to healthcare decision-making, and healthcare decisions are often made collectively by the family rather than by the individual alone (Vega et al., 2023).

4. The role of the sick person (Sick role) in healthcare delivery

Below are key aspects that explain the role of the sick person in healthcare delivery:

4.1 Active Participation in Treatment Decisions

The sick person plays a key role in decisions about their health care. In a shared decision-making model, patients and healthcare providers collaborate to choose the best treatment options based on the patient's preferences, values, and understanding of the medical information presented. This active involvement can improve treatment adherence, satisfaction with care, and health outcomes. Studies show that when patients are involved in decisions about their health care, they are more likely to follow prescribed treatment regimens and maintain better long-term health (Elwyn et al., 2022). This is especially true in chronic disease management, where ongoing patient involvement is critical to managing conditions like diabetes or hypertension.

4.2 Adherence to Treatment Plans

One of the most important roles of the sick person in healthcare delivery is adherence to prescribed treatments. Factors such as the patient's understanding of the treatment, their cultural attitudes towards the illness and medicine, and the support they receive from their social network all play a role in whether or not they adhere to the prescribed healthcare plan. A study by DiMatteo (2018) found that factors such as trust in healthcare providers, social support, and the perceived quality of care are significant predictors of medication adherence. The sick person's active engagement and cooperation in following treatment plans are crucial for effective healthcare delivery.

4.3 Health Literacy

The sick person's level of health literacy i.e. the ability to understand medical information and navigate the healthcare system affects how they engage with healthcare services. People with low health literacy may struggle to follow medical instructions, understand the significance of their condition, or even advocate for themselves during medical visits. According to Sørensen et al. (2022), health literacy is a strong determinant of health outcomes, with those who have higher health literacy being better able to manage their own health and navigate the healthcare system. Therefore, healthcare delivery needs to address this gap by ensuring that communication is clear and accessible.

4.4. Psychosocial Factors

The sick person's emotional and psychological state can impact their role in healthcare delivery. For instance, depression, anxiety, or fear of medical procedures can affect a patient's engagement with healthcare services. Patients who feel stigmatized or who have low trust in the healthcare system may be less likely to seek help or comply with treatment. Patients who experience mental health challenges may be less likely to attend follow-up appointments, adhere to treatment regimens, or seek medical advice when needed. Improving the emotional support for patients can enhance their engagement with healthcare systems (Wagner et al., 2021).

4.5 Cultural and Socioeconomic Factors

The sick person's cultural background and socioeconomic status also influence how they interact with healthcare systems. Cultural beliefs about illness, treatment, and healthcare providers can affect whether the sick person seeks care and what kind of care they are willing to accept. Socioeconomic factors, including income and insurance status, can also limit or enable access to healthcare. A person from a cultural background that prioritizes traditional medicine may delay seeking care from a healthcare provider or may only seek medical attention after trying other remedies first (López et al., 2018). Socioeconomic factors can also limit access to medications and healthcare facilities, affecting a person's role in managing their health.

4.6 Health-seeking behavior

This refers to the actions individuals take in response to perceived health issues or symptoms, including when, where, and how they seek care. It is influenced by various factors such as socio-economic status, cultural beliefs, knowledge, and the availability and accessibility of healthcare services. Healthcare delivery, in turn, refers to how medical services are provided to individuals, including the organization, accessibility, and quality of healthcare systems. The interaction between health-seeking behavior and healthcare delivery significantly impacts health outcomes.

5. Key Factors Influencing Health-Seeking Behavior

5.1 Perception of Illness: The way individuals perceive their illness plays a critical role in determining whether they seek medical help. For example, some people may perceive mild symptoms as not requiring medical attention, while others may seek care at the first sign of discomfort. Studies have shown that people from certain cultures may have a high threshold for seeking healthcare, preferring to wait until symptoms become severe or using home remedies before consulting a doctor (Vaughan et al., 2016).

5.2 Cultural Beliefs and Norms: Cultural values and beliefs deeply influence health-seeking behavior. In some cultures, traditional medicine and home remedies are preferred, and seeking care from medical professionals is considered a last resort. In other cultures, accessing healthcare services is viewed as a necessary step when feeling unwell. In many African and Asian communities, traditional healers or herbal medicine

may be the first point of contact for individuals experiencing illness, particularly for chronic or non-life-threatening conditions (Kleinman, 2018). This often leads to delayed presentation to conventional healthcare systems, affecting overall health outcomes.

5. 3 Healthcare Accessibility and Availability: The geographic location and availability of healthcare services play a vital role in health-seeking behavior. In rural or underserved areas, individuals may not have access to healthcare providers, or healthcare facilities may be too far to reach, affecting whether and when they seek care. Putsch (2015) showed that people living in rural areas may delay seeking medical attention due to the physical distance they must travel to reach a healthcare provider, as well as the lack of healthcare professionals available in these areas.

5.4 Health Literacy: Health literacy refers to an individual's ability to understand and process health information, which influences their decisions regarding healthcare. Those with low health literacy may have difficulty understanding the signs and symptoms of health conditions, which can delay or prevent them from seeking medical care. Sørensen *et al.* (2022) found that individuals with low health literacy are less likely to engage with healthcare services, and may not recognize the need for professional care, or may not understand how to navigate the healthcare system effectively.

6. The Role of Healthcare Delivery in Influencing Health-Seeking Behavior:

Healthcare delivery systems play a critical role in shaping individuals' health-seeking behavior. These systems must be accessible, affordable, and responsive to the needs of the population to encourage timely medical consultations and adherence to prescribed treatments.

6.1 Access to Healthcare: The accessibility and convenience of healthcare services can either encourage or deter individuals from seeking care. A well-organized healthcare delivery system that offers a variety of services (e.g., telemedicine, walk-in clinics) and provides care in a timely and efficient manner can improve health-seeking behavior. Countries with universal health coverage, such as those in Scandinavia, tend to have high levels of healthcare utilization because financial barriers are minimized, and access to healthcare services is relatively equitable (Whitehead *et al.*, 2018).

6.2 Quality of Care: The quality of care provided can significantly impact whether individuals continue seeking healthcare services. If patients have negative experiences (e.g., long waiting times, perceived poor communication with providers, or inadequate care), they may be less likely to seek care in the future. Research has shown that patient satisfaction is linked to better adherence to treatment plans. When individuals feel their healthcare providers are attentive and communicate effectively, they are more likely to engage in follow-up appointments and adhere to prescribed treatments (Street *et al.*, 2019).

6.3 Cultural Competence in Healthcare: Healthcare delivery systems must be culturally competent to address the diverse needs of the population. This includes understanding patients' cultural backgrounds and integrating cultural values into healthcare services to ensure effective communication and care. Studies have demonstrated that culturally competent care improves trust between patients and healthcare providers, which leads to better health-seeking behaviors and more positive health outcomes (Betancourt et al., 2015).

7. Economic Impact of Illness

Ill-health often has significant economic consequences for individuals and their families. The sick person may be unable to work or may require costly medical treatment, leading to loss of income, increased financial burden, and, in some cases, lead to poverty. Families affected by chronic illnesses such as cancer or diabetes often face significant out-of-pocket expenses for medical care, leading to financial strain. In low-income countries, where insurance systems may be inadequate or non-existent, the economic burden of illness is even more pronounced (Atun et al., 2015).

7.1 Cultural Beliefs and Healing Practices

Different cultures have varying beliefs about the causes and treatment of illness, which can influence how individuals manage their health. In some societies, illness may be viewed through a spiritual lens, and people may turn to traditional healers, rituals, or religious practices for healing rather than seeking formal medical care. In many Indigenous cultures, illness may be viewed as a result of spiritual imbalance, and healing practices may include rituals, prayers, or herbal remedies. These cultural beliefs can affect healthcare-seeking behavior, especially when there is a lack of integration between traditional and modern medical practices (Kirmayer, 2017). Similarly, in some African cultures, beliefs in witchcraft and supernatural causes of illness may lead people to seek help from spiritual leaders rather than medical professionals (Addy, 2018).

7.2 Impact on Family Dynamics and Social Roles

The onset of illness can alter family dynamics, especially in cultures where family members play integral roles in caregiving and decision-making. Family caregivers may face emotional, physical, and financial stress, which can impact the well-being of both the sick person and their caregivers. In many Asian cultures, where filial piety is a core value, children and other family members may feel a strong duty to care for elderly relatives who are ill. This can create both emotional fulfillment and considerable stress, particularly in cases of chronic illness, where long-term caregiving is required (Hsu et al., 2018).

7.3 Access to Healthcare and Health Disparities

Socio-cultural factors, including ethnicity, socioeconomic status, and geographic

location, influence access to healthcare services. These factors can create health disparities, where certain groups face barriers to accessing appropriate and timely care, leading to worse health outcomes. Studies have shown that racial and ethnic minorities, particularly in countries like the United States, often experience disparities in healthcare access and quality. African Americans, Hispanic Americans, and other marginalized groups may have lower rates of insurance coverage and fewer healthcare resources available, leading to poorer health outcomes (Williams & Mohammed, 2019). This is further exacerbated by cultural differences in health-seeking behavior and mistrust of healthcare institutions.

7.4 Psychosocial Impact

Ill-health, particularly long-term or life-threatening conditions, can have a significant psychosocial impact on individuals and their families. The stress, anxiety, and depression associated with chronic illness can influence a person's overall quality of life, social relationships, and ability to work or engage in normal activities. A person diagnosed with a chronic illness like cancer may experience depression or anxiety, which can complicate the management of the illness. Additionally, family members may also experience stress, particularly when caregiving responsibilities are demanding. Social support networks play a crucial role in managing these psychosocial impacts (Cohen et al., 2022).

Cultural Competence in Healthcare

Healthcare systems that are culturally competent meaning they understand and respect cultural differences in health practices and beliefs are more likely to provide effective care to diverse populations. This cultural competence can improve health outcomes by fostering better communication and trust between healthcare providers and patients.

In multicultural societies, cultural competence training for healthcare providers can help reduce misunderstandings and improve the quality of care for patients from different cultural backgrounds. When patients feel understood and respected, they are more likely to seek care early, adhere to treatment plans, and engage in preventive care (Betancourt et al., 2015).

Conclusion

The intersection of culture and healthcare delivery is a complex and multifaceted topic that requires careful consideration of cultural diversity in health beliefs, practices, and access to care. Understanding the role of culture in shaping healthcare outcomes is essential for improving patient-provider interactions and addressing health disparities. The growing emphasis on cultural competence and the need to adapt healthcare systems to serve diverse populations highlight the importance of integrating cultural awareness into healthcare practices to ensure equitable and effective healthcare for all individuals.

The socio-cultural implications of ill-health underscore the importance of understanding illness not just as a biological condition but as a phenomenon deeply intertwined with social, cultural, and economic factors. Addressing these factors in healthcare systems can lead to better health outcomes by fostering inclusion, reducing stigma, and providing culturally appropriate care.

Culture is a crucial determinant of healthcare delivery. It shapes not only individual health behaviors but also the broader structures within healthcare systems. Cultural competence, sensitivity, and humility are essential tools for improving healthcare delivery, reducing disparities, and fostering better patient-provider relationships. The healthcare system must adapt to the cultural contexts of its diverse populations to ensure that all patients receive equitable, effective, and respectful care.

In conclusion, health-seeking behavior is influenced by a variety of personal, social, cultural, and environmental factors. Healthcare delivery systems must adapt to these influences by being accessible, culturally competent, and patient-centered to encourage early care-seeking behavior and improve health outcomes.

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