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## RESEARCH ARTICLE

## The Role of Awareness of Values and Health Belief System Patient Care.

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**Abstract**

Communication with patients can be improved so as patient care be of good quality if the health care providers can make effort to reduce the gap between culture of medicine. The culture of medicine and the beliefs and practices that comprise the patients' value systems affects the communication between the health care providers with patients. However, this gap can be narrowed and the communication between the health care providers and patient enhanced if the culture of medicine and the beliefs and practices are bridged together. These may be based on either ethic heritage, nationality of family origin, socioeconomic status, sexual or religion. A positive effect on the health of a patients improves to a better level each time they encounter health care. It is therefore necessary for health care providers to learn about their patients' cultures so as to have a positive health counter for the patients. Cultural competency is the basic principal to high quality, patient-centered care. It also has a direct impact on how patient care is either delivered or received. The purpose of this study is to evaluate the role of awareness of values and health belief system patients care by accessing and following through with medical evaluation and treatment.

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**Introduction:-**

Health care providers should make effort to be culturally competent so that they are capable of effectively communicating, diagnosing and treating their patients. An individual's culture shapes their way of thinking and in most cases is believed to have an impact on their health beliefs and behaviors [12]. It is for such reasons that one should be aware of and respect the cultural beliefs and traditions. Traditional and cultural beliefs can either be domestic or international. Having a good understanding of the cultural beliefs aids in establishing successful and open relationships, further engagement with the patients and improved health care [15].

Gaining an understanding on the locale culture when working in a cross-cultural context is very important in avoiding work conflict. It helps work in conjunction with the traditional and local beliefs that are present in the culture. This is very crucial especially in health care. A health care provider needs to effectively extract, relate and assess information given by their patient, so as to properly diagnose and treat an illness. However, the responses and the context for that information is entirely dependent on the patient's culture. Cultural ethics are considered to be inherent in medicine and play an important role in any decision that an individual makes, however, cultural ethics are not always constant or transferable to other cultures. The failure to recognize such facts results in problems and conflicts when working in cross cultural areas, thus making it very critical to respect and understand the different culture while providing health care [11]. Cultural and language hindrances confound the circumstance. Western medicine has formed into a subculture with its own history, dialect, sets of principles, desires, techniques, advancements, and worries about the science which underpins it. Science shows us that human populaces are represented by biologic universals that rise above social limits. The strategies and dialect of naturally based and

substantially engaged social insurance have made an exceptional inlet amongst experts and the general population they serve.

Culture can be viewed as the integrated pattern in which human behavior consisting of thoughts, communications, beliefs, actions, religious or social groups and values. An individual acquires guidance from cultural values moreover one gains a sense of life. Culture is considered to be the most influential factor in health beliefs and behaviors of an individual despite the many factors that affect health beliefs and health. Therefore it is important for healthcare providers to be competence when dealing with cultural issues [9]. According to Health Care Financing Administration, cultural competence within the health care sector is the process of providing any health care services to individuals or populations made up of many different cultures. The provision of health care services to such populations is only possible if there is a system of care for culturally populations. Such systems include a demonstrated awareness and integration of health, and its cultural and related benefits. Health care professionals that exhibit cultural competence are at a better position of working effectively in cross-cultural conditions through coming up with a successful and open relationship and having further engagement with the patient [4].

A good example of how health care providers must take necessary precaution when dealing with patients with respect to culture is explicit in the diverse meaning given to human biological material, especially to the placenta. It is excessively regular for one to accept that the placenta is a human organic material that can be disposed of and not consider it as the wide assortment of social implications. Such material may associate a person to a group or place, make a character, assume a vital part in the anticipation and mending of sickness, be considered something justifying regard, or be seen as waste. A few case of sociocultural implications of the placenta are that: it is a companion to the child, as trusted in Malaysia and North Sulawesi; as a wellspring of assurance and recuperating in Peru, Bengal and Costa Rica [7]; as an immediate connection for the tyke to the group in Tahiti, Bolivia and Cambodia; and as the social personality of the tyke in Java, Trobriands, Ojibwa people group. In Northern America, the placenta is seen as waste [7]. The complex social idea characterizing certain HBM as waste is clear in the National Bioethics Advisory Commission report on human-tissue research [7].

This research work is based on the following guiding questions:

1. What are the specific cultural beliefs that may affect healthcare, especially health care practitioner evaluation and treatment?
2. What are the actions that a health care provider or the environment of the health care clinic would an individual consider to be offensive that is against their health cultural beliefs?
3. What environment do many people consider to be the most conducive for healing?
4. Are there any specific beliefs regarding gender preference that would be offensive to any cultural beliefs?
5. Are there any specific beliefs about healing in cultural beliefs and their effects on medical evaluation and treatment?

### **Relevance and significance:-**

Cultural awareness, sensitivity and competence behaviors, in a health care setting, are very crucial. People have different meanings and interpretations of different concepts such as health, illness, care and suffering. The knowledge of cultural customs enables health care practitioners to offer better care to their patients and establish a good relationship that is free from any misunderstanding that can either be between the staff, patients and families.

### **Literature Review:-**

As described by (Whaley, & Davis, 2007), it is imperious that physical therapy education have a stage of cultural proficiency in order for them to serve the needs of patients that are from different cultural backgrounds. Cultural proficiency is that state where health care providers familiarize themselves with the importance of conducting research, analyzing the results and developing new approaches that might in any way have a positive impact on culturally competent practice.

Cultural competence is a set of behaviors, policies and attitudes that are interconnected together to enable a health care system, or individual practitioner to offer their services effectively in trans-cultural interactions. Despite the fact that the minority groups are interested in integration of the dominant culture, they also tend to show interest in maintaining their in group of identity in a situation involving cross-cultures. According to the previous research conducted to find out the major components of cultural competence the results indicated that there exists only five major pillars namely: cultural desire, cultural skill, cultural knowledge, cultural awareness and cultural encounters.

The ability to collect any relevant cultural data that is in any way related to a patient presenting their problem is what is referred to as cultural skills. The process involves the initiative of learning the skills of how to conduct a cultural assessment that is the key element in delivering patient-centered care [6]. Cultural assessment can be viewed as a systematic examination of either a group of people based on the cultural beliefs, values and practices. The assessment is done with aim of determining the needs of the practices within the people that are receiving the services [8]. The objective of a cultural assessment is to get exact data from the patient that will permit the medical caretaker to figure a commonly worthy and socially pertinent treatment arrangement for every patient issue.

Any work that involves a community either domestic or international should always be conscious of the cultural practices and beliefs of the patients involved. According to (O'Brien, 2012), most of the differences in diagnosis and treatment are not always based on racial biasness or cultural insensitive. There is the need to identify and bridge any cultural gaps that may exist between a physician and a patient [10]. It has been accounted for that "late surveys of the applicable associate looked into writing in the United States have given overpowering confirmation that African-Americans, individuals of Hispanic cause and American Indians are strikingly more averse to get coronary vein angioplasty or detour surgery, propelled malignancy treatment, renal transplantation or surgery for lung tumor contrasted and white patients coordinated for protection status, pay or training, seriousness of ailment, co-dreariness, age, healing center sort and other conceivable confounders. It is the absence of cultural sensitivity and social skill with respect to the medicinal services supplier that hinders the doctor tolerant correspondence and influences clinical basic leadership and thus there is proof that the patients who were not given the suitable or fundamental consideration, including some who were at most serious danger, endured accelerated mortality [5].

A cultural encounter according to (Ang, & Van Dyne, 2015), is the act of interacting with patients from different cultural backgrounds directly. The main objective of cultural encounter is to create a pool of responses and facilitate sending and receiving of both verbal and nonverbal communications effectively in each and every culturally different context. As noted by (Ang, & Van Dyne, 2015), cultural encounter also aids in continuously interacting with patients from different cultural backgrounds. Continuous and effective interaction results in developing cultural desire, cultural awareness, cultural knowledge and cultural skills.

Familiarizing with all the cultural norms of a particular community does not guarantee the accuracy of predicting behavior of any individual of that specific community implying that culture is elastic [13]. One of the key characteristics of an effective culture is that it should be aware of intercultural communications. Adams (2014), noted that culture is always a factor in conflict and it does not matter whether it plays a crucial role or influences it subtly. Nurses can take advantage of conflicts if they do happen to develop compassion and the emotion task of sharing in a person's suffering. Compassion is the only way to solve any cross-cultural conflict if they do happen. However the only problem is how to cultivate compassion to solve a cross-cultural conflict.

Cultural beliefs related to illness have a very great influence on how and when health care is to be administered and what health care procedures are to be followed. Typically, many people would opt to follow traditional health practices before seeking assistance from medical professionals as the last option [3]. For instance, when urinary infection is perceived as a normal sign of aging a doctor is perceived as one offers help with the problem. However, an incontinent individual may not go to seek for help from a doctor unless they have an additional problem. Having a good understanding of the cultural influences on health care practices a nurse is able to effectively individualize the teaching plan. The individual's or family's past involvement with social insurance suppliers impacts the customer's adherence and continuation of utilization of human services administrations. Understanding these encounters from the patient's point of view can fortify the relationship, and misguided judgments and socially hostile practices can be maintained a strategic distance from [3].

### **Methodology:-**

The survey involved a team of four experts who had the task to evaluate the religious beliefs, patient and healthcare provider perspectives. Each of the four experts were required to provide original comments and return the survey at least two times until each construct will be viable for adequate representation. A cross section study was conducted in 2 large towns in Al-Madinah Al-munawarah, Saudi Arabia. Each and every individual aged over 18 years was invited to participate. All the participants provided informed consent. Data was collected on socio-demographic characteristics, medical history and medications. Four hundred and ninety-four subjects participated however only 6 subjects were excluded. Two participants were of age below 18 years. The participants were chosen privately, based on their availability and nonthreatening environment for effective distribution and completion of the survey. The

self-report survey covered the following health care practitioner concepts, modesty issues, high risk behaviors, health care practices and spirituality. The participants of the study were required to complete a self-report that consisted of Purnell's domains that involve medical evaluation and treatment.

### Resources and Design:-

The questions on the survey were based on Purnell's twelve domains of culture competence. In addition the survey entail five domains identified important to medical assessment and treatment. Histories of health convictions and states of mind particular to unobtrusiveness, most profound sense of being practices, physical presence of male or female social insurance supplier, family parts and bolster, human services basic leadership, and the utilization of physical touch amid therapeutic treatment will also be investigated. The study did not include converts to Islam due to the fact that they have a higher possibility of having influenced cultural beliefs biasness from the dominant culture.

### Results:-

All the participants were Saudi Nationals, 245 participants (50%), were males and 27% were 45 years of age or even older. The most prevalent age among the participants was from 18-72 years. 23% of the subjects recorded that their medical influences and beliefs were due to their spiritual backgrounds.

Multivariate analysis was used to construct several models and test for any potential influences to awareness and health beliefs in patient care system. However, none of the predictors proved to be effective enough in predicting the potential influences for this study. Table 1 shows the probability levels of the participants with respect to awareness and health belief systems in terms of how they affect their patient care system.

Item Content	Total	P value
Do you agree that the physical and mental health are maintained by an inner energy or vital force?	32%	0.3
What is your opinion of health and disease in terms of balance between a positive life enhancing force and a negative destructive force?	5%	0.04
What is the role of a health care provider?	10%	0.1
Do you agree that the body heals itself, all what the health care provider does is to assist in the healing process?	6%	0.06
Do you agree that a patient's expectations, health beliefs and values should be integrated into the patients care process?	27%	0.2
Should treatments not recognized scientifically be discouraged?	20%	0.3

### Discussion:-

Majority of the subjects indicated that their health practices or beliefs are greatly influenced by their cultural beliefs and awareness. 10% of the subjects said that there are specific cultural beliefs that may affect healthcare, especially healthcare practitioner evaluation and treatment. 30% participants claimed that there are actions that a health care provider or the environment of the health care clinic that and they would consider to be offensive that is against their health cultural beliefs. The most conducive environment that 25% of the participants claimed to be conducive for healing is an environment where their cultural beliefs and practices are taken into consideration and are respected. 15% of the participants indicated that they have specific beliefs about healing in cultural beliefs and confirmed that they affects their medical evaluation and treatment.

The table below shows a summary of the relationship between cultural competence and patient care system.

Characteristics	Cultural competence	Worldview consciousness
The problem	Insensitive, racist, or stereotyped behavior	Failure to appreciate the mindset of others and the pervasive impact of doctor society on wellbeing
Definition	Practices, information, states of mind, and strategies that empower successful culturally diverse work	Preparing to acknowledge profoundly implanted and generally certain convictions that shape how societies decipher and clarify their experience
Key attributes	Exhibit learning, dispositions, and aptitudes of conscious diverse correspondence	Practice curiosity, humility, self-awareness
Object of study	Approach of patients and their cultures to health	approach of patients and their societies to life; clinicians and their way of life; oneself and his/her way of life

### Conclusion:-

Provider–patient correspondence includes socialization, indicative request, arranging, arrangement, objective setting, treatment, and training. As a verbal exchange advances, every communicant has a developing feeling of his or her commitment to the data being shared, its fundamental importance and substance. Social limits are a noteworthy wellspring of discrepant perspectives of reality. In patient consideration, figures that contort the advancement of regularly shared data will fundamentally adjust the view of clinical reality. Health care insurance is a complicated issue. From the study research it is evident that the awareness of values and health beliefs of a particular individual have a great impact on the system patient care. It is therefore important that the health care practitioner be familiar and understand the cultural beliefs before offering any form of treatment on the patient. Some of the key attributes of cultural competence include, exhibit learning, dispositions, and aptitudes of conscious diverse correspondence. Cultural competency is the basic principal to high quality, patient-centered care. It also has a direct impact on how patient care is either delivered or received.

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