How culturally competent is biomedicine at Jimma University Specialized Teaching Hospital, South West Ethiopia?

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Abstract: Nowadays, cultural competence has become an important component of health care service. Hence, this study intends to explore the extent to which biomedicine is culturally competent in Jimma University Specialized Hospital. To this end, we used ethnographic design and purposive sampling technique to select study participants. We then conducted non-participant observation, in depth interviews, and focus group discussion to collect primary data. The study reveals health professionals are less cognizant of how culture affects health and how it interferes with treatment interventions. Neither does the hospital have a policy to deal with it. A number of barriers are found to limit cultural competence in the hospital. Therefore, the health care service at the specialized hospital is less in touch with cultural competence. National and organizational policies should be in place to overcome the problem.

Keywords: cultural competence, biomedicine, culture and health, Ethiopia

BACKGROUND

Culture influences the ways in which people perceive and interpret health and illness. It also influences choices in providing and seeking care (Helman 2007; Sobo and Loustaunau 2010; Winklman 2009). For instance, since culture greatly influences what we think as normal or not, our interpretations of health and illness together with the processes of seeking care are contingent on our cultural backgrounds. One of the major challenges facing health professionals is when the norms and values they acquired at medical schools misfit that of patients. This calls for the importance of cultural competence in health care settings. Cultural competence refers to:

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> understanding the importance of social and cultural influences on patients' health beliefs and behaviors; considering how these factors interact at multiple levels of the health care delivery system … and devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations" (Betancourt, R.J., A.R. Green, J.E. Carrillo & O. Ananeh-Firempong II 2003, 297).

In this regard, a health care service with state of art facilities, best minds to serve patients and yet unable to consider the cultural context of its services is only half way to the provision of culturally competent health care.

Biomedicine, which is also referred to as "scientific", "western" or "allopathic" medicine, approaches health problems primarily as deviation from measures that indicate proper biological functioning. It tends to establish universal classifications of diseases that interfere with or disrupt these measurements (Winklman 2009, 38). In doing so, there is a tendency to reduce health problems to disease that disturb the biological equilibrium.

Physician to patient ratio, percentage of institutional delivery and postnatal care are still low in Ethiopia (FDRE MoH 2010, 70; World Bank 2012, xii). The government is engaged in the expansion of health care facilities and training of health care professionals. However, nothing has been said about the extent to which the services are culturally competent. On the other hand, studies indicate that cultural competence in health care is very important because health care professionals and patients do not always hold similar understandings about health and the causes of ill health due to cultural difference. The existence of cultural competence in health care setting affects patients' satisfaction in clinical consultation and patients' compliance to treatment plan (Engebretson, Mahoney and Carl- son 2008).

Therefore, the objective of this paper is to explore the status of cultural competence and to investigate barriers to the provision of culturally competent health care services at Jimma University Specialized Hospital, South West Ethiopia.

METHODS AND SETTINGS

Study Area

The study was conducted in Jimma University teaching and specialized referral hospital. The hospital is found in Jimma town, 352 kms from Addis Ababa, Ethiopia. It provides services to approximately 15,000

inpatients and 160,000 outpatients; 4,435 delivery and 11,855 emergency services per year with a bed capacity of 523. It has a total of 1369 (650 supportive and 719 technical) staff (Annual Report for the Year 2014/2015).

Study Design

Ethnographic design was used to explore the interaction of patients, health care professionals and administrative staff at the Hospital in light of cultural competence from February 2015 to April 2015. We employed purposive sampling to identify participants. We then, conducted key informant interviews with five informants (health care professionals) and three different focus group discussions with physicians, nurses and patients.

We also observed the interaction of health care providers and patients at the Hospital during clinical diagnosis at maternity, surgical, medical, ophthalmology and gynecology wards. We made informal conversations with patients and healthcare providers about cultural competence and how the healthcare providers and patients conceptualize culture and cultural competence. We then organized our data thematically and described the responses.

Ethical Clearance

The chief executive officer, clinical director and administrative staff of the hospital permitted the study after assessing the intent of the research. Informants or participants consented to involve cognizant of the research objectives as well as the permission given by the hospital officials. We also used pseudo names in order to protect the informants.

RESULTS AND DISCUSSION

This study was inspired by the interest to understand the status of cultural competence at Jimma University Specialized Hospital and the barriers to culturally competent health care services. Culturally competent health care service have become a concern for providers because studies have shown its influence on patients' compliance to their treatment plan, satisfaction with the health care services and health care disparities (Betancourt et al 2003,297; Grice-Dyer 2010; Campinha-Bacote 2002,180).

Data obtained from the Hospital showed that patients come mainly from Oromia National Regional State, Southern Nation, Nationalities and Peoples Regional State and Gambella National Regional State.

This implies that the patients were diverse in terms of language, worldviews and religion that call for culturally competent health care services.

Culture as Conceptualized by Health Care Professionals

Culture is an influential concept in anthropological discourse because it touches every aspect of human life. The scope of the concept could be noted from Guest (2014, 35-36):

> Culture is a system of knowledge, beliefs, and patterns of behavior, artifacts, and institutions that are created, learned, and shared by a group of people. Culture includes shared norms, values, and symbols, mental maps of reality, and material objects as well as structures of power – including the media, education, religion, and politics – in which our understanding of the world is shaped, reinforced, and challenged. Ultimately, the culture that we learn shapes our ideas of what is normal and natural, what we can say and do, and even what we can think.

Accordingly, we first inquired about the health care professionals' understanding of the concept. These key informants defined culture in closely related but different ways. Dr. X for instance defined culture as "the way we eat, clothe, and celebrate holidays" (In-depth interview one, April 2015). Dr. Y, another physician key informant said: "culture is the living condition of human being. The way of interaction, solving problems in the community" (In-depth interview two, April 2015). From these definitions, it appears that they lack a complete understanding of the concept. What they have raised are just a few strings or fragments about culture.

Provision of Culturally Competent Care

By extending our questions, we inquired about cultural competence and how it is practiced in the hospital. The responses revealed that there is limited understanding of cultural competence in the hospital. On one extreme, a nurse key informant for example reported:

> I do not know what cultural competence means and how it is related to health care services. Instead, I learned about medical ethics. Its focus is on the general ethics to be considered during the treatment of patients. But cultural competence is a new concept to me (In-depth interview Three, April 2015).

On the other end of the spectrum, there were physicians with fuzzy ideas of cultural competence. A physician key informant reported: "cultural competence refers to the relationship between physicians and patients at health care service organizations during clinical diagnosis" (In-depth interview Four, April, 2015). He explained that the relationship between physicians and patients should take into account

the religious background of patients, their language ability and their level of understanding about health.

Our discussion with patients on the other hand shows the health care services at the hospital do not take into account their cultural backgrounds. On this point, the patient participants in this study indicated that there were serious problems of non-congruent behavior between the health professionals and patients during and after clinical diagnosis especially in communication and decision making.

Barriers to the Provision of Culturally Competent Health Care

Cultural competence in health care settings is influenced by a range of barriers. The barriers at the study area could broadly be categorized as the nature of biomedicine, organizational imperatives, and health care professionals' heavy workload.

THE NATURE OF BIOMEDICINE

The medical school in Ethiopia largely imported its curriculum in order to standardize the education as well as produce globally competent professionals. The medical school in Jimma University and the professionals working in the Specialized Hospital are part and parcel of this national effort.

On the other hand, more than eighty linguistic groups live in Ethiopia. These groups have world views that rarely fit to biomedical understanding of human life experiences including life and death. It was evident that what the health care professionals acquired at medical school is deficient in terms of equipping graduates with the knowledge and skill necessary to provide culturally competent service. These professionals had been socialized to think "scientifically". Their patients on the other hand are coming from diverse cultural backgrounds. Negligence to these local realities at times made the professionals confused about how to deal with unusual expectations by patients or their relatives. The experience of a nurse informant is a case in point:

> While helping a patient admitted to emergency department, the patient passed away despite my effort. The, I wanted to perform the "death care". On the process, the relative of the patient came up with the idea which was shocking to me. He told us that the "death care" should be performed after the dead person wears his cultural clothes. This was a new experience to me (In-depth interview Five, April, 2015).

The nature of training in biomedicine exposes health care professionals to shocking experiences not only in cases like the above during performing "death care" but also while saving patients from death. A doctor key informant for instance, reported that he encountered resistance while trying to help a female patient with pregnancy complications. This patient consented to operation but declined blood transfusion in the process. This was "bizarre" to the mind of the doctor. But the doctor learnt later on that she declined blood transfusion due to her religious teachings.

ORGANIZATIONAL IMPERATIVES

Ethiopia began to formulate substantive health care policies since 1950s (Massow 2001). However, the policies do not clearly stipulate the importance of cultural competence to date. The construction of health care facilities is dictated by geographic accessibility to the target population. These health care facilities do not have organizational policies that guide their services on cultural competence. What we observed at Jimma University Specialized Hospital is not far from these complications. The hospital does not consider cultural competence among its core areas of concern despite its diverse patient population.

Geiger and Davidhizar (2002, 185) noted that communication is the means through which humans interact and share information. This applies to doctor-patient interactions. When health care professionals encounter communication problems with their patients, the only solution is using an interpreter. But attempts to interpret without the knowledge and skill of interpretation results in disastrous outcomes. This is better explained by the following case:

> I am 27 years old female patient from rural area. I communicated with the doctor through interpreter due to language barrier. The interpreter was a patient himself who was willing to help. Diagnosis was conducted with the help of this interpreter. Unfortunately, the interpreter failed to properly convey my message that the report of diagnosis did not represent what I told him (In-depth interview six, April, 2015).

HEAVY WORK LOAD ON PHYSICIANS

Health care professionals, especially Physicians are working under stress at Jimma University Specialized Hospital due to large patient population. This workload has negatively affected the common sense courtesy towards their patients. These professionals rarely care about the cultural expectations of how to communicate with patients.

Perhaps, what soothes their stressful long hours of services is the assistance of medical interns. Yet, their involvement at times harms the expectations of patients given these interns are left with some more trainings to qualify as physicians.

CONCLUSION

The health services in Jimma University Specialized Teaching Hospital are less in touch with cultural competence in contrast to large patient population from diverse backgrounds. There are, however, visible chains of barriers behind this problem. Therefore, the hospital should formulate a policy on cultural competence and organize on-job training to health care professionals. At national level, medical schools need to re-evaluate their syllabus in order to produce professionals that could effectively serve patients from diverse backgrounds.

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Authors' contributions: DT identified the title, provided some literature and proposed for the study. SA drafted the proposal. DT refined the draft proposal. SA collected data in consultation with DT, drafted the manuscript after discussion with DT. DT has rigorously refined the draft manuscript. Both authors read and approved the manuscript.

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