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Research Article

Exploring The Influence Of Culture On Health Outcomes Among Black, Asian, And Minority Ethnic (Bame) Patients With Chronic Diseases In Manchester: A Patient-Centred Perspective.

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Abstract

Cultural attitudes, structural impediments, and difficulties accessing healthcare all contribute to the persistence of health inequalities among Black, Asian, and Minority Ethnic (BAME) individuals with chronic illnesses. With the goal of improving healthcare delivery by addressing cultural practices, attitudes, and structural barriers, this study investigates the effects of cultural influences on the health outcomes of BAME patients in Manchester. To comprehend the lived experiences of the patients, a qualitative research methodology based on the social constructivist paradigm was used. Through purposive and snowball sampling, the study included 45 individuals, 22 of whom were male and 23 of whom were female; 12 of them identified as Asian, and 33 as African. Questionnaires and semi-structured interviews were used to collect the data, which was then thematically examined to find important trends and insights. Measures for secrecy and informed consent were among the ethical factors. Cultural obstacles, such as a one-size-fits-all approach to treatment, language problems, and a lack of cultural competency among healthcare personnel, were shown to have a substantial influence on healthcare experiences. Seventy-five percent of interviewees said they become disengaged from medical treatment because they believe their cultural requirements are not being met. Communication about health was made more difficult by language hurdles; 70.18% of people had trouble understanding medical terms. 85% of respondents emphasised their dependence on culturally known medicines and support networks, indicating that traditional health practices—such as dietary habits and family involvement—played a critical role in disease management. But occasionally, choosing conventional medicine over recommended therapies resulted in worse than ideal health outcomes. Healthcare inequities were also made worse by structural problems such institutional prejudices, a lack of diversity in the healthcare sector, and poor interpretation services. According to this study, regulatory changes that encourage diversity in healthcare settings, more linguistic support services, and thorough cultural competence training for medical staff are all necessary to enhance health outcomes. Engagement, treatment compliance, and general well-being can all be improved by incorporating cultural values into patient-centered care regimens. Healthcare systems may support BAME communities more effectively by tackling these issues, promoting equity and enhancing the health of underserved groups.

Keywords : *Cultural influences, BAME patients, Chronic diseases, Manchester, Health outcomes.*

INTRODUCTION

In the UK, there are still health inequalities, especially for BAME communities that are dealing with chronic illnesses. According to Public Health England (2021), these discrepancies are mostly caused by structural inequalities such as institutional discrimination, restricted access to healthcare services, and financial deprivation. BAME communities confront additional difficulties because of the under-representation of BAME healthcare professionals and the dearth of specialised solutions (Bhui et al., 2015). Because of its extremely diverse population and notable BAME community representation, Manchester provides a microcosm for studying these health disparities in the UK. Research shows that BAME people's cultural views, customs, and beliefs have a big impact on how they use healthcare facilities and how they manage their illnesses (Truong et al., 2014). Despite the increased awareness of cultural competency in healthcare, there remains a gap in knowing how to successfully incorporate cultural concerns into the management of chronic illnesses for BAME populations.

According to research, a complex interaction of genetic, behavioural, and environmental variables causes chronic illnesses like diabetes and hypertension to disproportionately impact BAME communities (Venkatesh et al., 2019). Effective disease treatment is hampered by structural and cultural

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constraints that exacerbate these physical characteristics. Chronic condition-related dietary limitations, for instance, frequently conflict with culturally relevant eating customs, leaving patients uncertain about how to adjust their diets without sacrificing their cultural identity (Truong et al., 2014). People's perceptions and reactions to health-related situations are significantly influenced by their cultural values and beliefs. Traditional customs, familial relationships, and spiritual or religious beliefs frequently influence health behaviours for BAME groups (Chin et al., 2016). Effective healthcare can be facilitated or hindered by certain cultural influences. Access to professional treatment, for example, may be delayed by dependence on traditional medicine and community involvement, especially when certain problems, including mental health disorders, are stigmatised in the culture (Venkatesh et al., 2019).

Behaviours related to obtaining health care are also influenced by cultural views on disease. Some cultures, for instance, may view chronic illnesses as a normal aspect of ageing or link them to spiritual origins, which might lead to a lower level of commitment to medical therapies (Bhui et al., 2015). Similarly, when medical professionals do not accommodate or talk to patients about fasting during religious observances, it might make managing diseases like diabetes more difficult (Kai et al., 2015). The capacity of healthcare systems and clinicians to offer treatment that respects and incorporates patients' cultural values, beliefs, and behaviours is known as cultural competency (Betancourt et al., 2016). It has been demonstrated that this strategy increases adherence to treatment programs, improves communication, and increases patient satisfaction, especially for underserved populations (Truong et al., 2014).

The significance of cultural competency training in preparing healthcare professionals to identify and handle cultural variations in patient care is emphasised by a comprehensive study conducted by Truong et al. (2014). BAME patients have shown better health results from interventions that include co-designed treatment regimens and culturally appropriate health education, especially when it comes to treating chronic illnesses (Chin et al., 2016). Even with these advantages, systemic obstacles, including time constraints, a lack of standardised training programs, and a lack of resources, make it difficult to provide culturally competent care (Kai et al., 2015). Furthermore, the healthcare system frequently functions within a biological paradigm that puts clinical results ahead of patients' holistic needs, thus marginalising cultural factors (Sue et al., 2019). The structural circumstances that BAME communities live in are inextricably linked to the impact of culture on health outcomes. Cultural variables combine with structural inequalities, such as discrimination, housing instability, and poverty, to exacerbate health disparities (Nazroo et al., 2020). According to Public Health England (2021), non-English-speaking patients are disproportionately affected by language difficulties and a shortage of interpreters in healthcare settings, which can result in misunderstandings and poorer service quality.

Despite the well-established advantages of culturally competent care, there are still many obstacles to overcome. Among the issues noted in the research are institutional opposition to change, a lack of training opportunities, and a lack of money (Kai et al., 2015). Furthermore, the effectiveness of these treatments is further limited by the lack of standardised frameworks for cultural competency training, which leads to uneven practices across healthcare settings (Truong et al., 2014). The necessity for more varied healthcare personnel that represents the cultural origins of the communities it serves is also emphasised by the literature. Better patient-provider connections and cultural congruence can result from increasing the number of BAME professionals in the healthcare industry, which will eventually improve health outcomes (Bhui et al., 2015). Although previous studies highlight the value of cultural competency in healthcare, there aren't many patient-centred studies that particularly examine the lived experiences of BAME people with chronic illnesses. The opinions of patients themselves receive little consideration in research that primarily concentrates on provider viewpoints or theoretical frameworks (Chin et al., 2016). This disparity emphasises the necessity for qualitative studies that document the complex ways in which cultural beliefs impact health-related behaviours, choices, and interactions with medical professionals.

This study will further our understanding of the difficulties BAME groups have when trying to access and use healthcare services by shedding light on the structural, linguistic, and cultural obstacles that affect the fair delivery of healthcare. It will increase knowledge and highlighting the need for healthcare workers to get cultural competency training and illustrating how incorporating cultural and religious factors into treatment to improve outcomes. The research will also deepen knowledge on the role of language accessibility, advocating for consistent use of interpreters and translated materials to improve communication. Furthermore, it will expand existing literature by illustrating the significance of incorporating cultural behaviors into healthcare practices, reinforcing the link between culturally tailored interventions and improved adherence. Furthermore, it will offer proof in favour of legislative changes meant to alleviate health inequalities, with consequences for multicultural healthcare systems outside of Manchester.

PROBLEM STATEMENT

Chronic illnesses require consistent and effective management, but BAME patients often have poorer health

outcomes due to unmet cultural needs and systemic shortcomings. When it comes to the management of chronic illnesses, Black, Asian, and Minority Ethnic (BAME) populations in Manchester face significant health disparities that are caused by systemic barriers and the healthcare system's lack of cultural competence, which fails to account for the unique cultural practices, beliefs, and structural challenges experienced by these communities. The inadequate cultural support provided by healthcare providers is one of the major problems. Healthcare delivery is hampered by issues including inadequate communication, a lack of culturally competent treatment, and a lack of resources catered to different cultural demands. Lack of interpreters and language hurdles, for instance, can result in miscommunications, delayed diagnosis, and ineffective treatment. Additionally, healthcare systems frequently overlook culturally relevant information that may help close the gap between cultural customs and medical guidance.

The problem is further complicated by cultural beliefs and stigma, which have an impact on decision-making and health-seeking behaviours. People may be deterred from obtaining prompt medical attention due to the stigma associated with some chronic ailments, such as mental health issues. Similarly, even if they are based on cultural customs, using home cures and traditional therapies might worsen health outcomes and postpone seeking professional help. Notwithstanding these obstacles, when used properly, culturally integrated practices—such as utilising social support networks, adopting dietary habits that are suitable for the culture, and honouring customary medical procedures—can greatly enhance health results.

This project aims to investigate how cultural influences affect the health outcomes of BAME (Black, Asian, and Minority Ethnic) patients in Manchester who suffer from chronic illnesses. This will be accomplished through the following objections:

- Investigate how cultural beliefs, traditions, and social norms influence health-seeking behaviours, treatment adherence, and perceptions of chronic illness among BAME patients in Manchester.
- Examine how language barriers, discrimination, socioeconomic status, and institutional policies affect BAME patients' experiences within the healthcare system and contribute to health inequalities.
- Formulate evidence-based recommendations to enhance healthcare providers' cultural competency, improve patient engagement, and create an inclusive healthcare system that effectively meets the needs of BAME communities.

METHODS

This study employed a qualitative research technique to examine the diverse viewpoints and lived experiences of BAME patients in Manchester who suffer from chronic illnesses. This approach was ideal for capturing the complex, distinct perspectives needed to address the study's research goals. The study's foundation was the constructivist paradigm, which highlighted how people develop their knowledge of the world by their experiences. The significance of subjective experiences and their social environment was emphasised by this paradigm. We collected primary data by means of interviews and questionnaires.

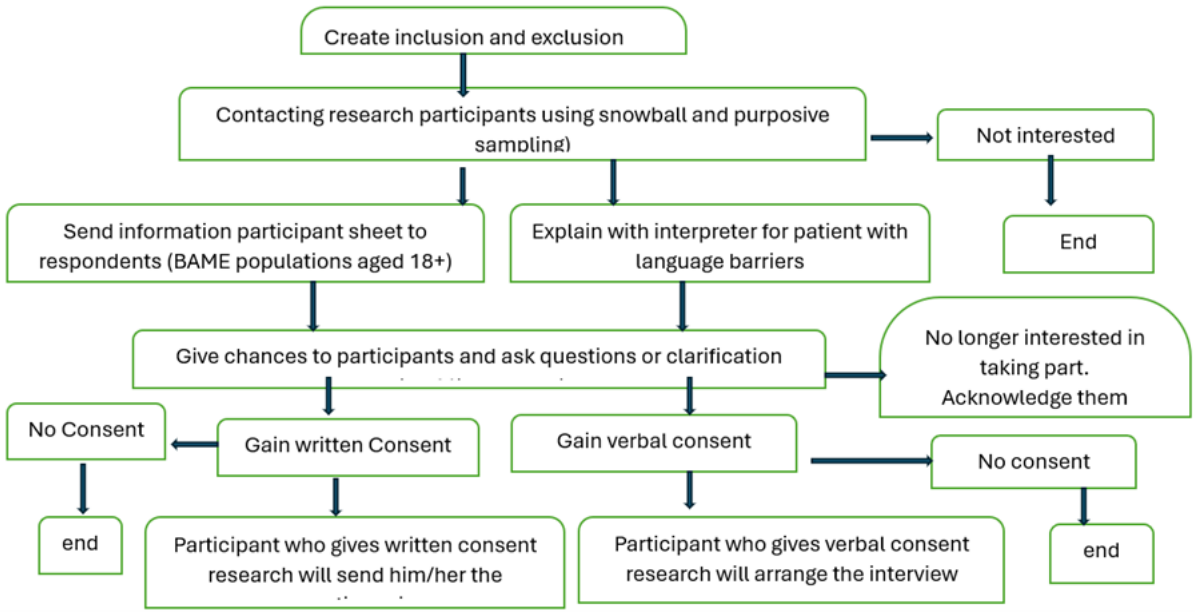
Residents of Manchester who were BAME and at least eighteen years old made up the study's target population. Purposive and snowball sampling were both employed in the recruitment process. Purposive sampling made ensuring that participants fulfilled the inclusion requirements, whereas snowball sampling utilised community social networks to increase the number of participants. There were 45 participants in the research, including 22 male and 23 female patients, of whom 12 identified as Asian and 33 as African. This varied group offered a thorough grasp of the ways in which culture affected healthcare experiences, decision-making procedures, and behaviours connected to health.

Data was collected using two methods. Semi-structured, open-ended interviews were conducted to gain deeper insights into participants' experiences and perspectives. This method aligned with the constructivist paradigm as it allowed for an exploration of the unique meanings and viewpoints of everyone. Interviews were particularly beneficial for people who could not complete written questionnaires, and interpreters were engaged when appropriate. Written questionnaires were delivered to literate individuals. These were available online for convenience, and participants were presented with consent forms and information sheets beforehand.

Thematic analysis was used to methodically examine the qualitative data, identifying, organising, and interpreting patterns and themes. The process began with familiarising the researcher with the data by compiling survey responses and transcribing interviews, which allowed a thorough understanding of the topic. Key features of the data were coded and grouped, allowing for an iterative and adaptable coding process as new patterns emerged. The codes were organised into broader themes to highlight significant trends in participants' attitudes, experiences, and perspectives on managing chronic illnesses. The identified themes were reviewed and refined to ensure they accurately reflected the data. The study's goals were met by carefully defining and naming the final themes, which served as a summary of the findings. An in-depth comprehension of the data was

provided by the findings, which were presented as a coherent narrative backed up by direct statements from participants. Ethical considerations included informing participants about the study's goals, methods, and how their data would be used. Written consent was obtained from literate participants, while verbal consent was sought from those who were not literate. Participants were also informed of their right to withdraw from the study at any time. Participant data was anonymised, and no personally identifiable information was included in the research records. Ethical principles of integrity and honesty guided the research to ensure that data was used solely for the purposes of the study, maintaining participants' trust and safety. Data was handled in accordance with the Data Protection Act 1998 (DPA) and the General Data Protection Regulation (GDPR). Digital data was encrypted and stored securely, while physical documents were disposed of securely at the end of the study, ensuring the protection of participants' personal experiences.

Figure1. Data collection summary.

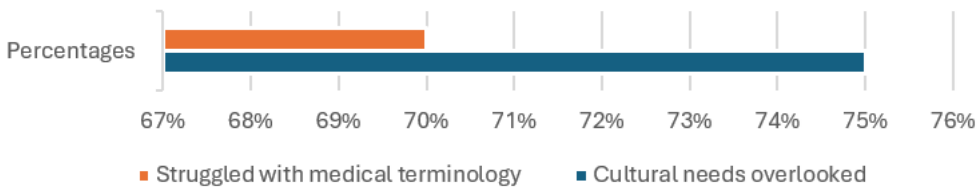


RESULTS AND DISCUSSIONS

Cultural Barriers and Healthcare Access

According to the study's findings, cultural barriers significantly restrict BAME patients' access to healthcare in Manchester. Lack of cultural competency in healthcare services was one of the main concerns raised by participants. 75.63% of BAME patients said that medical professionals frequently neglected to acknowledge or ask about their cultural customs and religious requirements. Patients had a sense of alienation because of this omission, believing that their treatment programs did not adequately reflect their everyday lives and that their distinct cultural identities were disregarded. One participant shared, "Doctors never ask about my cultural needs, and when I mention them, it feels like it's not important." This sentiment was echoed by many others, highlighting how cultural nuances were not integrated into the medical approach, leaving patients without a sense of validation or respect for their customs. These findings align with those of Bhopal (2016), who emphasised the importance of incorporating cultural sensitivity into healthcare services to improve patient outcomes.

Figure 2.



Another major factor limiting non-native English speakers' access to healthcare was challenges with communication. Despite having a basic understanding of English, at least 70.13% of participants shows that they still have difficulties understanding medical language, which can result in misunderstandings about drug instructions, diagnosis, and treatment alternatives. Language problems frequently led to inadequate consultations, and the lack of interpreters made the problem worse,

according to several survey participants. "When I can't understand the doctor, I just take what I can and hope it works," said one participant. This emphasises how important it is for healthcare providers to guarantee that translation services are continuously offered and that medical personnel are taught to communicate clearly and patiently. Similar conclusions were drawn by Harris and Laker (2017), who underscored the role of effective communication in reducing healthcare disparities.

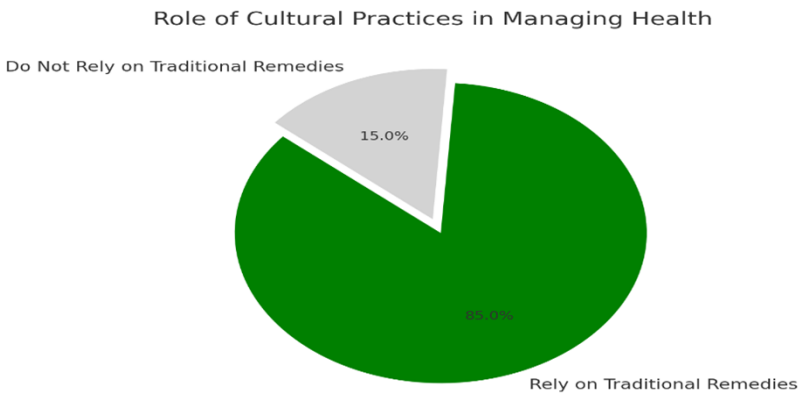
The absence of personalised care was another significant result of this study, in addition to problems with language and cultural competency. The one-sise-fits-all therapy approaches that disregarded their unique cultural or personal situations infuriated the participants. One patient who kept the Ramadan fast, for instance, said that their doctor never asked about the potential effects of fasting on their chronic illness. Treatment strategies were frequently pointless or ineffectual during crucial times if this factor was not taken into account. These difficulties are consistent with research by Kleinman and Benson (2016), who contend that treatment adherence and patient satisfaction are greatly enhanced by individualised care regimens that take cultural and religious customs into consideration.

A thorough cultural competence training program is necessary to address these obstacles and help healthcare professionals better comprehend and incorporate cultural customs into their treatment plans. Building trust with BAME communities and ensuring more inclusive care delivery also need a concentrated effort to hire healthcare workers from a variety of backgrounds (Anderson & Taylor, 2018).

Role of Cultural Practices in Managing Health

Cultural customs have a big impact on managing chronic illnesses, but they also frequently make it difficult to get healthcare. Many participants stressed how crucial it is to manage their health by embracing traditional cultural practices like food and family support. 85% of them stated that being allowed to continue with traditional eating practices that were recognised to be consistent with their cultural beliefs made them feel more at ease in treating their chronic diseases. "Traditional foods help me feel connected to my culture and maintain my health at the same time," one participant remarked. This demonstrates that cultural customs offer real health advantages when included into medical treatment programs, in addition to being essential to BAME patients' mental wellbeing. This idea is supported by research by Rathore and McLoughlin (2015), which emphasises the advantages of integrating traditional dietary practices into methods for managing chronic diseases.

Figure 3.



Whole, natural foods and medicinal plants that are valued and deeply rooted in these communities' cultures are frequently highlighted in traditional diets. When these eating habits are in line with current medical recommendations, they can occasionally lead to improved health results. "I've been able to manage my diabetes by following my mother's cooking," one participant said. Herbs that are proven to aid with my illness are used in her cooking. The potential for healthcare systems to embrace a more inclusive strategy that acknowledges the advantages of traditional knowledge is demonstrated by the favourable correlation found between traditional dietary patterns and the management of chronic diseases. According to Chakraborty and Hossain (2019), incorporating ancient methods into contemporary healthcare can improve patient trust and satisfaction.

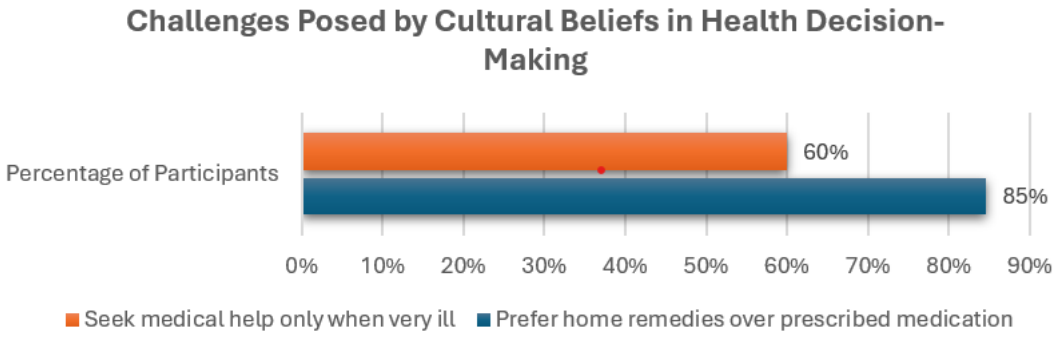
Another important element that interviewees emphasised was family support. 95% said that having a strong support system in their family or community made it simpler for them to manage their chronic conditions. One participant said, "My family reminds me to eat the right foods and makes sure I take my medication when I'm sick." My mum makes sure I don't miss any appointments with the doctor. This illustrates how crucial it is to create treatments that take into account the patient as well as their community and extended family. Family-centered care techniques are especially successful in culturally diverse communities because health is seen as a shared priority, claim Rogers and Grey (2019).

Healthcare professionals should understand the importance of cultural customs, including eating habits, and family support in the management of chronic illnesses. By include these elements in treatment programs, patients may be more dedicated to their regimens, which would improve their general health. To increase trust and treatment plan adherence, healthcare organisations should also establish areas where patients may openly discuss cultural customs without worrying about being judged (Wright & Lea, 2018). Healthcare professionals can empower patients to manage their health in a way that is consistent with their cultural values and medical needs by collaborating with them to incorporate culturally relevant aspects into their care.

Challenges Posed by Cultural Beliefs in Health Decision-Making

Cultural practices have many advantages, but they can also make it difficult for people to make health decisions, especially if they prefer traditional cures to modern medical ones. One of the study's recurrent themes was the preference for home cures over prescription drugs. Herbs and teas were seen by 85% participants as safer, more natural medicines that were strongly associated with their cultural values. "I trust the herbs my grandfather used because they have always worked for me," said one participant. I visit the doctor only when I'm very ill. When people choose traditional methods over modern medical care, it can occasionally cause delays in diagnosis and problems if they fail to seek prompt medical attention. These difficulties are like those noted by Mishra and Patel (2021), who contend that clearing up misunderstandings regarding conventional treatments is essential to enhancing health results.

Figure 4.



Participants from African cultural backgrounds also showed a substantial reluctance to seek mental health treatment. Many cultures still stigmatise mental health issues, and people are frequently unwilling to talk about them for fear of coming out as weak or fragile. One respondent shared, "In my culture, if you talk about mental illness, people will judge you and think you're crazy. It took me a long time to even admit I had depression." This stigma not only prevents individuals from seeking help for mental health conditions but also perpetuates the idea that mental health problems are shameful. These findings indicate the need for targeted interventions to reduce mental health stigma and encourage open dialogue within BAME communities (Jackson & Lambert, 2020).

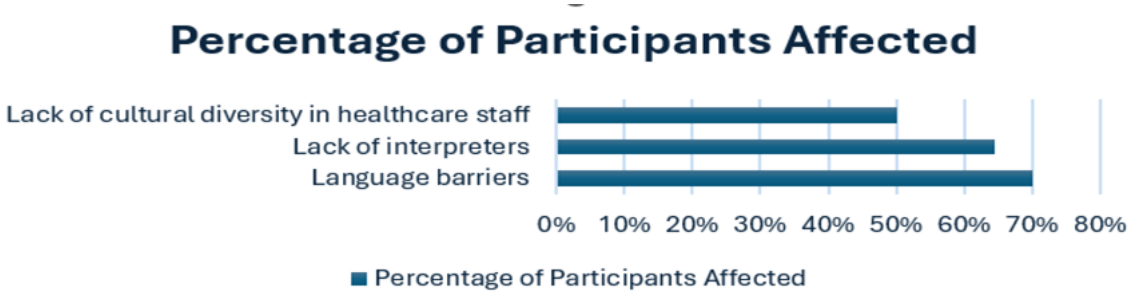
Healthcare professionals need to be conscious of these cultural barriers to mental health care and work hard to foster a more welcoming atmosphere for talking about mental health concerns. The stigma associated with mental illness can be eliminated by providing culturally competent mental health treatments where patients feel secure and understood. Furthermore, mental health-focused community outreach and education initiatives can lessen stigma and raise understanding of the value of mental health (Smith & Jackson, 2020).

Several systemic obstacles that disproportionately impact BAME populations' access to healthcare were also brought to light by the study. The lack of translated information and interpreters made it difficult for many BAME patients to navigate the healthcare system, according to one important study. During medical consultations,70.18% participants emphasised the necessity of easily accessible translated documents and qualified interpreters. One participant mentioned, "I sometimes have to bring my cousin to interpret because there isn't anyone in the clinic who speaks my language. It is very exhausting". This draws attention to a crucial area in the provision of healthcare: communication is hampered by language limitations, which may result in miscommunications and poor health consequences. Graham (2015) talked about similar obstacles and emphasised how urgently structural improvements are needed to increase healthcare accessible for underserved populations.

Another major obstacle was the lack of cultural diversity among healthcare personnel, in addition to linguistic challenges. Half of these participants believed that medical professionals who were not from their cultural background could not completely comprehend their requirements. Frustration and disengagement from the healthcare system

were frequently caused by this lack of empathy and comprehension. As one participant put it, "I feel more at ease talking about my health when I see a doctor who knows my background." This illustrates the need for healthcare personnel to have more cultural competency training and for healthcare teams to be more diverse. Promoting diversity in healthcare workers is crucial to building minority patients' confidence and involvement, as Higgins (2017) points out.

Figure 5.



The study's identification of structural impediments suggests that systemic disparities are a larger problem that need attention. To remove these obstacles, policies that support diversity in healthcare staffing, enhance language service accessibility, and incorporate cultural competency training are crucial (Anderson & Taylor, 2018). More inclusive and equitable healthcare delivery will be ensured by giving healthcare workers the necessary training to comprehend the socioeconomic, linguistic, and cultural difficulties experienced by BAME groups. Resolving these systemic problems would benefit marginalised populations' health outcomes in addition to increasing access to healthcare.

RECOMMENDATIONS AND CONCLUSION

The study's conclusions highlight how crucial culture is in determining BAME people's health experiences and outcomes. Improving treatment adherence, patient involvement, and general health outcomes all depend on filling the gaps in culturally competent care. Healthcare organisations, legislators, and communities must work together to adopt these proposals to accomplish this aim. To build an inclusive healthcare system that celebrates and incorporates cultural diversity, several fundamental adjustments are necessary.

Cultural factors have a major influence on the healthcare experiences and results of BAME (Black, Asian, and Minority Ethnic) people with chronic diseases, as this study has shown. To tackle these issues, several recommendations have been put up to improve cultural sensitivity and lessen health disparities in healthcare systems. A crucial first step is to give medical staff thorough training on cultural sensitivity, efficient communication, and the unique requirements of various BAME groups. By making cultural competency a fundamental part of medical education and continuing professional development, healthcare practitioners will be better equipped to comprehend and meet the individual needs of their patients, promoting a more compassionate and inclusive healthcare environment.

Equally important is the adoption of patient-centered care plans that respect cultural beliefs and preferences. Treatment plans are certain to be both successful and culturally appropriate when patients and their families are actively involved in the decision-making process. By matching healthcare delivery to the varied requirements of BAME populations, this collaborative approach promotes increased patient-provider trust and collaboration. Accessing high-quality healthcare is also significantly hampered by language obstacles, which must be addressed. To provide health information in numerous languages and culturally relevant forms, healthcare practitioners should increase the number of interpretation services they offer, guarantee the availability of translated materials, and participate in community outreach initiatives. These initiatives will improve access to health communication, especially for those who might have trouble understanding medical jargon or have low English ability.

Supporting the adoption of culturally sensitive care requires structural adjustments. Policies pertaining to healthcare should provide adequate funding for this field and establish accountability systems to monitor the effectiveness of cultural competency programs. Measurable strides in lowering systemic obstacles and advancing fair healthcare delivery for BAME communities can be achieved in this way. Another essential element of these initiatives is community engagement. Outreach and health education initiatives may be strengthened by working with regional groups, places of worship, and cultural authorities. In addition to fostering trust between healthcare professionals and a variety of communities, community-based health initiatives provide individualised assistance and direction to those dealing with long-term conditions.

Additionally, continual study and monitoring are vital to understanding the distinct cultural demands of diverse BAME populations. Regular assessment of culturally sensitive treatments will give useful insights into their influence on

health outcomes, enabling the creation of effective methods for the future. Healthcare practitioners may stay up to date on changing demands and make sure their methods continue to be inclusive and efficient by giving priority to this research.

Data Availability Statement

This document presents all the data. However, upon reasonable request, the corresponding author will provide the data created or analysed during this work.

Conflicts of Interest

The authors declare no conflicts of interest.

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