CROSS-CULTURAL COMMUNICATION IN B2C PLATFORMS WITH SPECIAL REFERENCE TO APOLLO HOSPITALS ENTERPRISE LTD., CHENNAI, INDIA

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ABSTRACT

Communication in a versatile business organisation that carries out service delivery to the consumer is characterised by different forms where cross-cultural communication has its significance. Cross-cultural communication behaviours are regarded as manoeuvres for achieving organisational goals. The capacity building of any organisation with no exception to the healthcare sector is dependent on cross-cultural communications. The healthcare sector is predominantly based on communication that varies from one culture to another where cross-cultural communication takes place. Being a leading player in India in terms of hospitals and the number of beds available, Apollo Hospitals deals with assorted people, cultures, languages, diseases, temperatures, and the like, which has to make cross-cultural communication as its focal point. There lies an inter-relation between cross-cultural communication and cross-cultural relations from any real-world interest. In cross-cultural communication, it is the task of any healthcare professional to overcome the barriers of communication to demonstrate resonance. The present paper has its focuses on how Apollo Hospitals Enterprise Ltd., is managing these cross-cultural communications, especially through B2C platforms (online) during the COVID-19 pandemic.

Keywords: cross-cultural communication, services, healthcare sector, B2C

Introduction

Transfer of various cultural elements, contribution, penetration, broadcasting of information and interpersonal communication involving communication and dealings among diverse cultures in the world is referred to as cross-cultural communication (Carey, 2009; Del Giudice et al., 2016). Communication across cultures is a cinch with the use of social media like Twitter, Facebook, Instagram, Telegram, and the like with more than three-fourths of the world’s population using it (Boamah, 2018; Chin et al., 2021). Studying this cross-cultural communication is an emerging area in every field from different perspectives (Xu et al., 2016; Santoro et al., 2021). In the digital era, where new cultural relationships are formed within and outside the geographical borders, the need for a new understanding of the motivation, and process of this cross-cultural communication is expected (Chin et al., 2020). There is an increase in research-related studies since the consequences of these cultural communications like cultural exchanges, assimilation of different nationalities, and conflicts among people have been observed at ranges (Papa et al., 2020).
Culture is a learned behaviour which is a process of personal awareness of self, beliefs, and values. Variations can be seen concerning values, beliefs, attitudes, communication styles and the like regarding health and illness. Near acknowledgement of cultural differences is important for everyone in understanding medical cultural values. A dynamic balance in cross-cultural communication should be maintained by a healthcare provider and a patient. Communication can create differences between healthcare providers and patients which exhibit an impact on treatment decisions among medical professionals and patients as well. For instance, the mere silence of a patient while receiving treatment can be misinterpreted by the healthcare provider. As a result, the medical professional may not know whether the patient has responded to his treatment or not. When such differences are unrecognized by the healthcare professionals, it may lead to unintentional lower quality of delivery in healthcare services. For delivering unbiased healthcare, it is important to improve skills that help in cross-cultural communication. To reflect the diversity of patients, developing the teams of healthcare professionals can also be served to perk up cross-cultural communication. These teams can exchange a wide range of cultural knowledge among themselves which is more likely to develop an empathic response to the unique cultural need of patients. Communication is majorly dependent on language which is a carrier and barrier as well. When the communication acts as a carrier, there may be the right explanation of symptoms by patients to the healthcare providers that helps them provide with precise diagnosis. Overlooking these cultural differences may lead to misconception and hence bigotry of another kind.

What does this paper add?

The technical know-how of behaviour of people belonging to different cultures around the world is termed Cross-cultural communication. The healthcare sector is predominantly based on communication that varies from one culture to another where cross-cultural communication takes place. Cross-cultural communication helps in understanding and analysis of cross-culture relations from the real-world interest. Cultural competency in healthcare would mean the effective delivery of quality care to patients with a background of versatile beliefs, attitudes, values and behaviours. The delivery of satisfactory healthcare essentially requires effective communication.

The practice of personalised healthcare delivery is to be adopted to bridge the gap between these cultural differences. Even when using an ordinary language, stern communication problems are figured out due to the differences in their intrinsic understanding of meanings. Language understanding plays a prominent role in every aspect of life. Understanding the impact of cultural differences on healthcare delivery also plays a prominent role. Cultural competence in healthcare can also be referred to as meeting the medical needs of people from idiosyncratic ethnic and racial groups, people with disabilities, people from diverse socioeconomic backgrounds and members of the LGBTQ community.

Causes of barriers in cross-cultural communication in healthcare services

All cultures are socially mediated and share behaviours, manners, customs, rituals, beliefs, ideas, arts, knowledge, values, morals and ideals learned in the same nationality, religion and ethnic group. It is passed down from generation to generation, slowly evolving and creating many subcultures in the process.

- **Language**
  Failure to speak the same language (often) to patients can be innumerable and misleading and is considered the most important obstacle to intercultural communication. Oral communication is important in any context, but the meaning of a word can be lost in translation. If one person does not know the exact meaning of a word, others can misunderstand or misunderstand it, leading to disagreements.

- **Stereotypes and prejudices**
  Stereotypes are usually negative images or prejudices about a particular community, group, or culture. There are many basics of stereotypes, but the most common are nationality, gender, race, religion, or age. A common cliché is, for example, that Americans are hedonistic, as against Asians, and are interested in health and physical fitness. This creates prejudice among doctors and patients of different cultures and leads to a judgmental attitude towards each other. Doctors consider other cultures with
certain stereotypes to be "bad," "difficult to deal with," or "incomprehensible," and treat them with contempt. When doing this in the context of healthcare services, effective collaboration between mutually hostile and rude people can be very difficult.

- **Body language**
  Nonverbal communication, such as signs and symbols, varies from culture to culture, making communication less reliable in healthcare services. Body language, gestures, thinking, communication, etiquette, standards. For example, eye contact is very important in some cultures but rude and rude in others.

- **Beliefs and values**
  People's different religious or spiritual beliefs can also lead to conflicts and cross-cultural barriers. Different cultures have different notions of time. Time is money, and punctuality is important in healthcare services. Contrary to Europeans, Asians do not care for punctuality and regularity which may have a profound impinge on healthcare advice and treatment.

- **Ethnocentrism**
  Different cultures, behaviours, languages, and other beliefs are called "different." This impairs the understanding of the message and creates hostility. It is no more an exception in medical services.

**Overcoming cross-cultural communication barriers in healthcare services**

Cultural issues surface in patients of other cultures who seek medical attention. Culture is the ideas, customs and social behaviour of a particular society which is dynamic. Cultural differences create an easy misunderstanding as people see and experience things differently. It is the task of a healthcare professional to overcome the difference in cross-cultural communication thereby establishing rapport with the patients. Worst and most stressful conditions can be created by the cultural differences making them more complicated.

Medical professionals attempt to identify the medical needs of patients through verbal and non-verbal communications. This culturally sensitive communication mostly relies on the ability of a medical professional to be able to critically reflect on the patient’s values, beliefs, preferences, understanding of traditions, cultural practices and perspectives of culturally diversified individual families and communities. Detection of health beliefs and patient behaviours like family background, healthcare resources, disease prevention practices, and alternatives to medical systems like home remedies are equally considerable. For a patient to achieve the highest level of treatment satisfaction any healthcare provider must exchange the ideas of treatment by exploring the available treatment options to his understanding level. This type of communication that is happening between a patient and a healthcare provider is treated as a successful cross-cultural communication.

The relationship between a medical professional and a patient is completely reliant on communication to enhance effective health outcomes which takes the forms of spoken, written, and body language based on the patient–provider's literacy and technology. Ongoing COVID-19 pandemic discussions have been reignited to provide effective delivery of healthcare services across cultures through B2C platforms which also means by way of online. With over 35 years of expertise in the field of healthcare and having patients around the globe, Apollo Hospitals has led the way in exchanging the cultures effectively which can be exhibited by way of increased international patients from different regions of the world. Teaming the healthcare providers across the globe with various cultural backgrounds being exposed during the process and shaping them into a professional made it even easy for them to efficiently deliver the medical services. During the process of intercultural communication, the beliefs and values of patients and providers slow down.
Regular training concerning the language skills will be provided on an updated basis to the employees of Apollo Hospitals making it easy for them to rule out the barriers to cross-cultural communication. Miscommunication leads to misunderstanding and confusion for certain patient groups with lower literacy rates making it complicated in perceiving the message sent by the sender from different cultural backgrounds. This forms a barrier to patient and healthcare provider’s communication. The same is the case with online healthcare delivery with an additional barrier of technical glitches. Telemedicine is one additional form of healthcare delivery where the services are provided over the phone which has an added barrier of body language communication leading to the most miscommunications.

Cultural competence in healthcare is majorly achieved by promoting and identifying the awareness of beliefs and values in different cultures of healthcare professionals. This gives healthcare providers a base for improving cross-cultural awareness. Communication in healthcare can be more specifically defined as the doctor-patient relationship which has undergone many changes over time. Family-centred cross-cultural communication should be the main aim of every healthcare provider. Some patients come across the globe to any part of the world where they can afford the best medical treatment as per their spending ability. One such hospital is Apollo Hospitals Enterprise Ltd. Cultures are exchanged by doctors and patients through communication. Cross-cultural communication is majorly dependent on understanding, beliefs, perceptions, language, and the ability to express and trust. This non-verbal communication is majorly communicated through proxemics, kinesics and paralanguage. Since Apollo Hospital is a global healthcare service provider, people from various parts of the world come together to meet their medical needs where cross-cultural communications happen by way of exchanging their cultures. For instance, when an African patient visits the Apollo Hospitals in India exchange of cultures takes place between two continents Asia and Africa. This is where cross-cultural communication happens. When a patient of such qualities comes up to a doctor for medical treatment there must be a mutual understanding of their language and respecting their beliefs and values which forms a basis for trust building between a doctor and patient. In such cases, there exists some miscommunication and misunderstanding of the medical history of the patient and the doctor’s advice. This may create certain differences in the interpretation of the doctor’s language to that of the patient one. These situations can be controlled by the help of an interpreter who is well aware of both the cultures either inherently or through trained learning.

The root of a patient’s problem can only be understood when the ability of a patient to open up to the doctor is high by feeling the comfort of expression which requires a lot of trusts. It is the responsibility of a doctor to show the patient what they want to get them to know. Understanding a person’s medical needs and realising how culture can influence a person’s perceptions of health and medicine can make a difference in communicating with them. Ideal communications for people across the globe happen mostly in English.
Literates can manage to communicate in English with everyone which may be a barrier for illiterates. In the case of African patients, they tend to manage their language with doctors and medical professionals even though they are not well versed in way of their communication. Non-English speaking individuals tend to manage by way of communicating their medical problems through gestures and other means of non-verbal communication. This may be a challenging task for the medical professionals where there is a gap in communication and explanation of their symptoms to the doctors which affects the patient’s treatment. When healthcare providers are unaware of the cultural beliefs of their patients, they may unwittingly offend the patients by making them uncomfortable thereby passing a negative message through biased non-verbal communication. Cultural differences that are encountered in medical treatment can be explained with one instance of treating tuberculosis where doctors and dieticians advise the patients to adequately include beef as a part of their diet for treatment. This act is in contrast to the Indian culture where the cow is treated as holy and eating beef is treated as a sin. But this is common for people living in abroad where they have it as a staple diet.

If communication is not culturally sensitive, patients and their families are likely to be less satisfied with their perception and experience of care, increasing the risk of misunderstandings and potentially creating cultural differences. The result is poor adherence to treatment, poor health and an increased prevalence of adverse events (Anderson, Scrimshaw, Fullilove, Fielding & Normand, 2003; Betancourt et al., 2014; Paternotte et al., 2016). However, clinicians engaged in paternal, authoritarian, and hierarchical communication between patients and their families have slowly evolved into a more collaborative, patient-centric communication style (McArthur, Lam-McArthur, and Fontaine, 2018). Healthcare communication is defined as the exchange of information between a patient and their healthcare provider and includes communication with family members and caregivers. This includes two-way communication (verbal, written, and non-verbal) in which the patient is involved in decision-making and care planning. It is bespoke, open, honest and respectful, with the opportunity for clarification and feedback (Australian Commission on Safety & Quality in Healthcare, 2016).

CONCLUSION

Apollo Hospitals Enterprise Ltd. follows the L.E.A.R.N and R.E.S.P.E.C.T models of Cross-Cultural Communication. The L.E.A.R.N model emphasizes Listening with sympathy and understanding the patient’s perception of their problem by Explaining your perceptions of the problem to Acknowledge and discuss the differences and similarities by Recommending the treatment to Negotiate an agreement. The R.E.S.P.E.C.T model emphasizes building the Rapport by consciously attempting to suspend judgments, thereby showing Empathy by remembering that the patient has come to you for help and Supporting the patient to overcome health barriers by reassuring them that you will be available to help in Partnership to be flexible about issues of control by working together to address medical problems and Explanations often to check for understanding of patient towards their Cultural competence by building Trust and working consciously to understand the limitations in addressing medical issues across cultures.

REFERENCES

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