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Indian healthcare system: Reflections of Swedish nursing students

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Abstract

Internationalization within nursing programs is essential to provide nurses with cultural competence and for nursing students to gain an international perspective. It has also been shown to be effective to gain a cultural understanding. This paper aims to illuminate and explain the experiences that Swedish nursing students had while they engaged in clinical training during an exchange program in India and to provide a comparison between the health service in both countries. Nursing students from Sweden did a four-week clinical placement within the primary healthcare in India in 2020. During the clinical placement, which consisted of a variety of healthcare clinics, the nursing students wrote weekly reports with reflections from their clinical placement. The analysis of the current review showed differences compared to Sweden regarding being able to reach out to villages and admitting patients for surgery within a short period. Differences were noted regarding working with home-visits largely than in Sweden and in that the hospital settings had a higher staff rate compared to Sweden. The nursing students expressed the perceptions of alternative medicine being used largely in India and how this medicine enabled health professionals to get a more holistic perspective of the patients' needs. The students observed social and economic issues affecting healthcare in India. The review highlights the impact that nursing exchange programs could have on nursing students, regarding gaining cultural awareness and competence as well as an appreciation for other cultures and nursing traditions.

Keywords: Exchange program, healthcare, India, nursing, Sweden

Introduction

We currently live in a world where competencies on how to provide culturally sensitive care for ethnic diverse populations are increasingly important (Frenk et al., 2010). Internationalization within nursing programs is essential to provide nurses with cultural competence and for them to gain an international perspective as well as intellectual and personal development (Green, Johansson, Rosser, Tengnah, & Segrott, 2008). It has also been shown to be effective for them to gain a cultural understanding (Green et al., 2008). The increased flow of knowledge, financing, and new technologies across borders and the migration of patients and health

professionals call for a redesign of health education. Health education needs to provide nursing students with an awareness of other cultures to effectively provide patient-centred care (Ruddock & Turner, 2007). Locally in Malmö, Sweden, the curriculum for nursing students states that the nursing program should have an international focus to enable them to gain cultural competence and work globally (Malmö University, 2020). Nursing students from Malmö University are therefore encouraged to get an international approach through their curriculum of nursing (Malmö University, 2017), either through internationalization abroad or at home (Malmö University, 2020).

An earlier study focusing on nursing students' experiences of doing an exchange program abroad showed that it was a complex process of becoming comfortable with the experience of transition from one culture to another and at the same time adjusting cultural differences and growing personally (Ruddock &

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Turner, 2007). These nursing students also talked about having different degrees of culture shock and making decisions to adapt to the ways of the host country. This was managed through being sensitive to the new culture while at the same time being open to the new culture and its dynamics and therefore incorporating other people’s beliefs about health and illness (Ruddock & Turner, 2007).

Since 2018, Malmö University has collaborated with the Manipal College of Nursing at Manipal Academy of Higher Education in Manipal, India. In the initial stage of the collaboration, faculty members from Malmö University made exchange visits to Manipal and in February 2020, Malmö University was, for the first time, able to send three students on a four-week exchange program within clinical placement for primary healthcare.

The nursing students from Sweden did their four-week clinical placement within the primary healthcare in Manipal, India during February 2020. During the clinical placement, which consisted of a variety of healthcare clinics around the district of Udupi, the nursing students wrote weekly reports with reflections about their clinical placement. The process of reflection that the nursing students did, could be explained through the reflective process described by Gibbs (Gibbs G, 2013).

These reports were analyzed to look at what kind of experiences the Swedish students had during this four-week placement and how the healthcare setting differ from Swedish healthcare. The analysis was done by the first author by first reading through the reflective notes that the nursing students made. After the reading was made, the material that was in line with the aim of this paper was coded, and then similar codes were grouped in line with the thematic content analysis by Burnard, et al. (Burnard, Gill, Stewart, Treasure, & Chadwick, 2008). The grouping of similar codes formed categories, see Table 1. After the analysis, the students as co-authors read the paper and approved the content. This reflection paper aims to illuminate and explain the experiences that Swedish nursing students had while they engaged in clinical training during an exchange program in Manipal, India. The aim is also

to provide a comparison between the health services in both countries.

Main findings

The results were divided into the following categories after the material had been analyzed: Comparing the health system between India and Sweden, perceptions on alternative medicine, and social and economic issues related to healthcare in India, see Table 1.

Table 1: Categories and Main Findings Presented

Categories	Main findings
Comparing the health systems in India and Sweden	Comparing mobile clinics, home-visits and hospital settings in India and Sweden
Perceptions on alternative medicine	Ayurveda, Naturopathy, and Yoga was discussed
Social and economic issues related to healthcare in India	Poverty, social class, and stigma around mental illness is discussed

Comparing the health systems in India and Sweden

The Swedish nursing students noticed that mobile health clinics were a common way of reaching patients in India. This seemed to the Swedish students to be a good way to establish trustful relationships between the population and the healthcare system. For example, there was an eye-camp clinic, where villagers were informed and reached through door-to-door knocking. The eye-camp was able to identify patients that needed eye surgery, such as cataract surgery, and these were admitted within three days. The Swedish students were impressed with this way of reaching patients and being able to admit them for surgery within a short time and thought this differed from Sweden.

One of the Swedish students reflected on the importance of home visits like this:

“I think this is a great initiative that brings healthcare to those who otherwise wouldn’t have gotten in touch with and think this would be something that Sweden could also benefit from.”

Another way of doing home-visits in Manipal was through deworming days. The students saw when rural communities received verbal information about this matter and found it especially important since this could be a good way of reaching illiterate people.

According to the Swedish students, this could also be a good way to work in Sweden, where we have immigrant communities that would benefit from being reached with visual and verbal information on important subjects. After reflecting on this matter, the nursing students thought that outreach of healthcare work seen in India differs from Swedish healthcare, which works more from primary healthcare centres including centres for children. These centres receive patients into the clinic and do not do outreach work like in India.

Another subject that was compared was the hospital settings for the patients. The Swedish students observed that many health professionals worked at Manipal hospital and that the health professionals were knowledgeable and educated, and that the health professionals/patients ratio in India was higher than in Sweden. The students also noticed that patients in India could only get a single room at the hospital when the parents could afford it compared to Sweden, where single rooms are given without extra charge. A ward in India could contain several patients without curtains, which reduced privacy. The students also noticed that a patient could not be admitted without being accompanied by a relative or family member and that caretakers were mostly female.

Perceptions on alternative medicine

The students were introduced to the basic knowledge and history of Ayurveda, which was compared to general medicine, which often focuses on easing the symptoms in the body. Ayurveda seeks to find the underlying cause of the problem. Doctors treat disease, but Ayurveda believes that if you give the body what it needs, it will heal itself; and when something is wrong with the body, it expresses itself through the pain. One of the nursing students reflected on how Ayurveda had a patient-centred care approach:

“By and through patient-centred care within Ayurveda medicine, you try to understand the depths of every patient’s problem.”

The students were also introduced to Naturopathy and got to see the different techniques that were used. The students thought it was similar to Ayurveda and Yoga, and that Naturopathy focuses on the belief that

through helping the body to be in balance, it can then heal itself.

One student expressed her thoughts about Ayurveda and Naturopathy like this:

“I think the western society in general needs a better approach in regards to prevention and stress management and I think Ayurveda and Naturopathy can offer some really helpful thoughts and methods in regards to this.”

The students also got to see the Yoga department and expressed that they had some wonderful thoughts about how regular exercise and the practice of yoga can affect individuals’ general health, both mentally and physically. Further, one student expressed that although this is amazing, she was most impressed by seeing how these medical traditions have been, and still are, a very big part of the Indian culture.

One student expressed her opinion about Yoga and Ayurvedic medicine like this:

“I was impressed by the preventive focus of Ayurveda and Yoga. I believe that the prevention of diseases and illnesses is the most efficient way to promote health among the public. I will take this preventive focus with me back home and try to let it affect my practice as a nurse. At the Department of Yoga, the staff also talked about how allopathic and traditional medicine can complement each other to meet the complex needs of the patients.”

Social and economic issues related to healthcare in India

The students observed during the healthcare visits that some of the houses they visited were above the poverty line and others were below the poverty line. The households that were below the poverty line did not need to pay for their healthcare and were provided with a special card that allowed them to go on public transport to visit hospitals.

The students visited a clinic for TB-infected patients, where the patients were treated in large wards with 25 patients each, where many of the patients looked malnourished. One of the students reflected on it like this:

“I see that this has to do with socioeconomic factors and welfare of a country, more than with knowledge itself. The knowledge is there, and the health-workers try to do the best they can from the resources they have. What else can a person do? This raises a lot of questions regarding global politics and injustice.”

The students also visited a Palliative care centre that was financed by funding from the church. The palliative patient needed to have one relative with them and the patients were given all the medicine they needed.

One student reflected on the care at the centre:

“It affected me when we saw a mother with her only son, who suffered from some kind of oral-cancer and had been through a big surgery which had left half his face open in a big wound. He had covered his face, and his body language spoke of pain and resistance from us coming to close. When I looked into his mother’s eyes I could not hold my tears back, she was in so much grief you could almost touch it. The nurse working at the ward showed us a picture of some kinds of worms that had been taken from his open wound the day of arrival at the palliative care centre.”

The students were also able to hold a discussion with faculty members and students from India about the stigma surrounding mental illnesses and learn about how this is seen within the caste system and social class system. People belonging to a low class and a low caste who get a psychiatric diagnosis are often rejected by their families due to stigma and have to spend their lives as social outcasts, while people belonging to the upper class and a higher caste have easier access to, and economic resources to afford good treatment. The nursing students also learned how the awareness of mental illnesses is higher in urban areas than in rural areas, which makes it easier for someone with a psychiatric diagnosis to continue to be a part of society in an urban context.

The students visited a Primary Health Centre that had started as a part of the Minimum Need Program, which had grown into a fully equipped primary health centre. The care they offered at the centre was free of charge for people below the poverty line, while the remainder pays only a small fee. The centre had

the focus on prevention and cooperated closely with the ASHA-workers and the Anganwadis in the surrounding villages. The health centre offers clinics for communicable and non-communicable diseases, an immunization clinic, antenatal and postnatal maternity care, a laboratory, and a pharmacy.

The students talked about how one doctor had expressed concerns about the population:

“The doctor was worried about how hard it was to reach out to people with healthcare education and information as many were illiterate and so poor that they have no means to be able to take precautions and make lifestyle changes.”

To conclude, the analysis of the current reflection showed differences compared to Sweden regarding being able to reach out to villages and admitting patients within a short period. Differences were noted regarding working with home-visits largely than in Sweden and hospital settings had a higher staff rate compared to Sweden. The nursing students expressed the perceptions of alternative medicine being used largely in India and how this medicine enabled health professionals to get a more holistic perspective of the patients’ needs. The students observed social and economic issues affecting healthcare in India.

Discussion

The results of the analysis of the current review showed differences with Sweden regarding being able to reach out to villages and admitting patients for surgery within a short period. The students also noted differences in working with home-visits largely than in Sweden and that the hospital settings had a higher staff rate compared to Sweden. The nursing students expressed the perceptions of alternative medicine being used largely in India and how this medicine enabled health professionals to get a more holistic perspective on the patients’ needs. According to the students’ observations, social and economic issues also affected healthcare in India. The comparison made in this reflective review could as well be beneficial for Indian nursing education, which could widen the understanding of how the Indian healthcare system could be viewed from an international perspective.

The students from Sweden seemed to get a broader perspective of differences in healthcare in India compared to Sweden and how this could influence their nursing and perspectives of nursing back home in Sweden. According to Ruddock and Turner (Ruddock & Turner, 2007), encountering differences during an exchange program that students participate in could enable a movement towards ways of knowing that extended beyond their current understanding. Connecting with local people, clinical teachers, students from their host culture, and students from their background provided participants with a supportive environment in which to compare and critically reflect on their experiences. This helped them to learn to appreciate, respect, and accept cultural differences. It also informed their understanding of the influence that culture has on family, politics, healthcare systems, and people's beliefs about illness and health (Ruddock & Turner, 2007). The students were impressed by the extent to which alternative medicine was used in India and how well that could have been needed within nursing and healthcare in Sweden, particularly because we strive for person-centred care within nursing (Alharbi, Ekman, Olsson, Dudas, & Carlström, 2012) and to be able to work in a person-centred manner, we need holistic knowledge and a holistic view of the patients we treat.

The nursing students seemed to appreciate the outreach work to communities, conducted within the Indian health service and which differs from the Swedish healthcare. This is a disadvantage for Sweden and something that we could learn from India and could be beneficial for especially disadvantaged people that have difficulties in understanding healthcare and how to use it. Through this outreach work, health assessments and health information could be given close to where the people live and reside.

The exchange program for nursing students seemed to increase cultural competence since the students got a wider picture and perspective of how healthcare is delivered in a country very different from Sweden. Cultural competence is necessary since the world is going through a globalization process, where this competence is crucial (Leininger, 2002).

In countries within the European Union (EU), it is stated in the nursing curriculum that student nurses should be equipped with experiences of working in different cultures and know the cultural customs of foreign countries (Kokko, 2011). However, these cultural competencies are learned in nursing through an international collaboration between educational institutions and the exchange of knowledge, teaching/learning experiences, and research (Kokko, 2011). A systematic literature review on exchange nursing students and cultural competence (Kokko, 2011) showed that experience of exchange studies within nursing increased and enhanced a nursing student's understanding of the complex dynamics of culture, health and nursing in foreign cultures. Students' knowledge base and skills, such as communication and language skills, coping and problem-solving skills, developed during the exchange. Their self-reliance and self-confidence also improved. Learnings about different ethnic groups strengthened nursing students' cultural knowledge (Kokko, 2011).

The knowledge described from the exchange nursing studies is also extremely important for the population of citizens residing in Sweden and with a special focus on the county of Scania where the nursing students conduct their studies. This is a place in Sweden that has received many refugees over a long period, but mostly during 2015-2016 (Migrationsverket, 2015). Since Sweden today has a multicultural population, it is necessary to develop a cultural awareness within nursing that can reach people with ethnic backgrounds other than Swedish. Therefore, as a university with a nursing program, we should continue to emphasize the importance of cultural exchange and participation in exchange programs. This is also something that Malmö University raises as a strategic plan from this year ahead (Malmö University, 2017).

The strength of this paper is the uniqueness in its perspective of how Swedish nursing students perceive an exchange program within the Indian nursing education as well as how nursing students compare the Swedish and Indian health services. To the best of our knowledge, we have not found a similar review published. The limitation of this paper could be the

limited number of students contributing with their reflections and a limited way of analysis described and done according to Burnard, et al. (Burnard, et al., 2008). On the other hand, strength is that the nursing students have read and approved of the analysis of the reflections.

Conclusions

This review highlights the impact exchange programs within nursing can have on nursing students when it comes to gaining cultural awareness and competence and an appreciation for other cultures and nursing traditions. Not only do exchange studies give cultural competence, but the exchange studies also increase knowledge about other traditions of healthcare at an international level.

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