## Attitudes and perceptions of caregivers regarding their presence at induction of anaesthesia: reflections on the description of 'culture'

## Dear Sir,

We enjoyed reading the recently-published 'attitudes and perceptions of caregivers regarding their presence at induction of anaesthesia', by Le Roux and Redelinghuys.<sup>1</sup> We discussed the study at our online journal club meeting, which led to interesting and thoughtful conversation among our group.

The study used a phenomenological approach to explore the experiences of South African caregivers at a single hospital (in this study, all caregivers were parents), regarding their presence with their children during induction of anaesthesia. Its secondary aim was to "describe the role culture plays in influencing these perceptions surrounding the practice". This focus yielded some fascinating data, and we thank the authors for their insights. We do, however, wish to raise some questions about the way 'culture' was explained in the paper.

Professor of sociology Brian Steensland defines 'culture' in the context of sociology as "the beliefs that people hold about reality, the norms that guide their behavior, the values that orient their moral commitments, or the symbols through which these beliefs, norms, and values are communicated."<sup>2</sup> It therefore seemed unusual to us that the basis on which culture was described in Le Roux and Redelinghuys' work was rather opaque, with "home language" seemingly the only related demographic recorded, and little qualitative exploration of cultural background reported in the text.<sup>1</sup> The group of caregivers in the study do seem to represent a broad variety of home languages, but can it be assumed that language is a surrogate for culture?

Language has an intimate relationship with culture, and is considered by many to be inseparable from it, but the two are nevertheless distinct.<sup>3</sup> In their report of a study of culture and self, based in a South African university, Eaton and Louw note that whilst "home languages were rough indicators of cultural identity", there were other culturally-relevant elements that did not correlate with language, including religion and ethnicity.<sup>4</sup>

Le Roux and Redelinghuys describe how the beliefs of their participants could influence attitudes and perceptions on their presence at the induction of anaesthesia. However, the degree to which these beliefs represent culture is not explained.<sup>1</sup> For example, in the section on "my world is my reality", Le Roux and Redelinghuys state:

"Caregivers explained it is not common practice to disclose to their community that they or their children will be receiving anesthesia. There is a local belief that the individual undergoing anesthesia is vulnerable to witchcraft during this period."<sup>1</sup>

Here, the reader is not made aware of what cultural backgrounds are relevant, and the use of "caregivers" as an umbrella term suggests that participants were treated analytically as a single group. Furthermore, the term "local" is not further explained – are these beliefs held amongst individuals local to the institution in which the study was conducted, more widely throughout South Africa, or is 'local' used here as a general term for those who do not subscribe to the 'rationalist' western medical paradigm, for example?<sup>5</sup>

Le Roux and Redelinghuys offer a fascinating insight into how beliefs may impact caregivers' concerns and experiences around the time of an operation. We accept that beliefs are often culturally-influenced and agree that cultural competence should be a core skill of anesthesia providers.<sup>1</sup> However, as (UK-based) readers with an 'outsider' perspective on South African cultures,

we remain unsure as to how culture influences perceptions in this study. We therefore invite the authors to expand on their descriptions of culture, and explain whether they believe that their participants were of a single cultural background, or multiple. We note that the authors cited a "lack of cultural heterogeneity in the cohort sample" as a limitation of their study, and wonder if this is really the case, given South Africa's famously diverse population?<sup>1</sup>

## References

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