(RESEARCH ARTICLE)

Health care and its relationship to the cultural and socio-economic background of patients

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Abstract

Health care is a multidimensional process that is not limited to medical procedures, but is directly influenced by the cultural and socio-economic background of patients. This study examines how factors such as educational level, financial resources, and cultural perceptions influence access to health services, understanding of treatment procedures, and trust in healthcare personnel. The results show that higher cultural and living standards are associated with better information, greater participation in decision-making, and increased compliance with care instructions. In contrast, vulnerable social groups face barriers to access, higher stress, and reduced satisfaction with the services provided. Therefore, promoting health equity requires a combination of policies that reduce social inequalities and practices that take cultural differences into account, with the aim of improving the experience and quality of care for all patients.

Keywords: Health; Cultural Level; Standard of Living; Access to Health Services; Health Equity

1. Introduction

Health care is a fundamental pillar of social well-being, directly affecting the quality of life of individuals and communities. The way in which patients perceive, access, and utilize health services does not depend solely on medical diagnosis or the availability of treatments, but also on socioeconomic and cultural factors. An individual's cultural background—which includes education, values, traditions, and social practices—shapes their understanding of health, their attitude toward prevention, and their compliance with treatments. At the same time, living standards, i.e. economic situation and access to resources, affect patients' ability to meet their needs and actively participate in the care process.

International literature emphasizes that the interaction between cultural and living standards and health is multidimensional. People with higher education and better economic conditions often have greater health awareness, make more effective use of health services, and achieve better long-term outcomes. Conversely, social inequalities and limited resources can lead to delayed diagnosis, reduced access to treatment, and deterioration in patients' health.

Understanding how cultural and living standards shape patients' needs, expectations, and experiences is critical to developing tailored, sensitive, and equitable health services. Exploring this relationship supports the development of health policies that promote social justice and holistic care for the individual, while incorporating interdisciplinary approaches that link medicine with education, culture, and entrepreneurship (Maniou et al., 2025; 2025a;, 2025d;, 2025g; 2025b; 2025c; Maniou, 2025e; Maniou, 2025f).

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Overall, the integration of cultural and socioeconomic parameters into healthcare and the promotion of innovative approaches linking knowledge, experience, and entrepreneurship offer new opportunities for enhancing social well-being and sustainable development in the health and culture sectors.

Last but not least, we emphasize the significance of all digital technologies in the field of education and healthcare, which is very effective and productive and facilitates and improves the assessment, the intervention, and the educational procedures via mobile devices that bring educational and healthcare activities anywhere [59-61], various ICTs applications that are the main supporters of education [62-66], and AI, STEM, and ROBOTICS that raise educational procedures to new performance levers [67-70]. Additionally, the improvement and blending of ICTs with theories and models of metacognition, mindfulness, meditation, and emotional intelligence cultivation [71-84], accelerates and improves more the educational and healthcare practices and results.

2. Definition of Cultural Level and Its Connection to Health

Cultural level refers to the sum of knowledge, values, attitudes, skills, language abilities, and social codes that shape the identity and perceptions of an individual or community. According to Kleinman (1980), culture acts as a "lens" through which people understand illness, attribute meaning to symptoms, and determine care strategies. In the field of health, cultural level directly influences the understanding of health and illness, as cultural perceptions shape the interpretation of symptoms and causes of disease (Napier et al., 2014), preventive behaviors such as accepting vaccinations, maintaining healthy habits, or using traditional healing practices (Bhopal, 2012), access to and use of health services, as linguistic and cultural barriers often limit interaction with health professionals (Purnell, 2018), and the doctor-patient relationship, as mutual understanding and the cultural competence of the health professional determine trust and compliance with treatment (Betancourt et al., 2003). The international literature documents that cultural background and educational background are directly related to health indicators such as the incidence of chronic diseases, mental health, and life expectancy (Napier et al., 2014). Because of this, the concept of cultural competence has emerged as a central prerequisite for the equitable provision of health services and the reduction of inequalities (Betancourt et al., 2003; Purnell, 2018).

3. Education and Health

Education is one of the central pillars that shape cultural level and has been shown to directly and indirectly affect health. People with higher levels of education have greater capacity for understanding, critical thinking, and access to information, which improves health literacy and leads to healthier behaviors (Nutbeam, 2000) . Specifically, education is associated with a better understanding of health guidelines and the ability to utilize information provided by health professionals (Nutbeam, 2000), greater accuracy in the application of treatments and adherence to preventive guidelines, such as taking medication, vaccinations, or participation in preventive checkups (Kickbusch et al., 2005), and the ability to incorporate new knowledge and change behavior in line with developments in scientific knowledge, such as dietary recommendations, physical activity, and smoking cessation (Nutbeam, 2008). Conversely, low levels of education are often associated with limited health literacy, misconceptions about the causes of disease, and difficulty accessing health services, leading to lower compliance with treatments, increased risk of delayed diagnosis, and ultimately health inequalities (Baker et al., 2007). Furthermore, education influences social and economic determinants of health, as individuals with higher levels of education often have better employment opportunities, higher incomes, and greater access to health-promoting resources (Marmot, 2005) . The intergenerational dimension is also crucial, as highly educated parents pass on to their children not only knowledge but also behaviors related to prevention and health (Cutler & Lleras-Muney, 2010). Therefore, education is not only a means of social mobility but also a key "health tool," enhancing the ability to make sound decisions, reducing barriers to communication with the health system, and contributing to the reduction of social

4. Religious and Cultural Beliefs – Language Skills in Healthcare

Religious and cultural beliefs are fundamental factors that influence the understanding, interpretation, and management of illness. Culture and religion determine how individuals perceive the causes of disease, choose treatments, and adopt attitudes toward prevention and health care (Kleinman, 1980; Betancourt et al., 2003). In many traditions, illness is seen as a divine test or punishment, while in others it is attributed to energetic or social imbalances (Koenig, 2012). These beliefs influence treatment preferences—from the use of traditional and alternative therapies to attitudes toward medication, transplants, and palliative care (Helman, 2007; Padela & Curlin, 2013). Recognition of these factors by healthcare professionals enhances cultural competence and trust in the therapeutic relationship, leading to better health outcomes (Betancourt et al., 2003; Purnell, 2018).

At the same time, language competence is a critical factor for effective communication between patients and healthcare professionals. Limited knowledge of language or medical terminology leads to misinterpretation of instructions, medication errors, and delays in seeking care (Flores, 2006; Karliner et al., 2007). The use of interpreters, simplification of educational materials, and staff training significantly improve understanding and compliance with treatments (Wilson et al., 2005).

In Greece, language barriers are particularly important due to the growing presence of immigrants and refugees. Inadequate knowledge of the Greek language causes difficulties in accessing health services and increases the risk of incorrect medication. Interventions such as the use of interpreters in hospitals (e.g., Evangelismos, Attikon) and the provision of multilingual information material by NGOs and international organizations have partially improved the situation. Cooperation with immigrant communities also contributes to the understanding and acceptance of healthcare.Overall, understanding cultural and linguistic differences is a prerequisite for fair, safe, and effective healthcare.

5. Cultural Level and Compliance with Treatments

Cultural level is a critical factor that determines the degree of patient compliance with treatment regimens. Education, health literacy, and cultural knowledge enhance an individual's ability to understand instructions, appreciate the seriousness of the disease, and consistently follow the recommendations of health professionals (Nutbeam, 2000; Saha et al., 2008). Individuals with higher education and broader cultural knowledge have a deeper understanding of the importance of treatment and how it relates to the prevention of complications (Saha et al., 2008), perceive the risks of neglect, which leads them to seek help more quickly and monitor their condition more systematically (Miller, 2016), and adhere more closely to medical plans, from taking medication correctly to participating in preventive check-ups (Zolnierek & DiMatteo, 2009). Conversely, a lack of education and cultural knowledge can lead to doubts about the effectiveness of treatments or even distrust of the health system (Betancourt et al., 2003), the adoption of alternative practices that are often based on traditions or religious beliefs and replace scientifically proven treatment (Helman, 2007), as well as lower compliance due to a lack of understanding of terminology or the complexity of instructions (Baker et al., 2007). The cultural competence of healthcare professionals can bridge these gaps, as adapting communication to the patient's level of understanding, using simple language, and incorporating cultural and religious parameters into the treatment strategy can significantly improve compliance (Saha et al., 2008; Purnell, 2018).

6. Cultural Sensitivity in Healthcare

Recognizing the importance of culture in health requires healthcare professionals to develop cultural sensitivity, i.e., the ability to understand, respect, and incorporate patients' values, customs, and expectations into their care. Cultural sensitivity is now considered a key component of quality and equitable care (Campinha-Bacote, 2002). Understanding patients' religious, social, and cultural beliefs builds trust and reduces conflicts with medical practice (Betancourt et al., 2003). At the same time, adapting communication through simple language, translation services, and educational materials that fit the patient's cultural context increases compliance and improves health literacy (Lie et al., 2011). Collaboration with the community, through the integration of culturally adapted prevention programs, such as information campaigns in religious venues or local associations, leads to better access to and acceptance of health services (Napier et al., 2014). Culturally sensitive care improves communication and trust between patients and health professionals, reduces barriers to access, especially for vulnerable groups such as immigrants and minorities, and enhances the quality and equity of care, contributing to the reduction of health inequalities (Purnell, 2018).

Research methodology: Based on the data, the quantitative research method was used with questionnaires distributed in central Athens and online via Google Forms in 2024 to 130 individuals aged 18 and over.
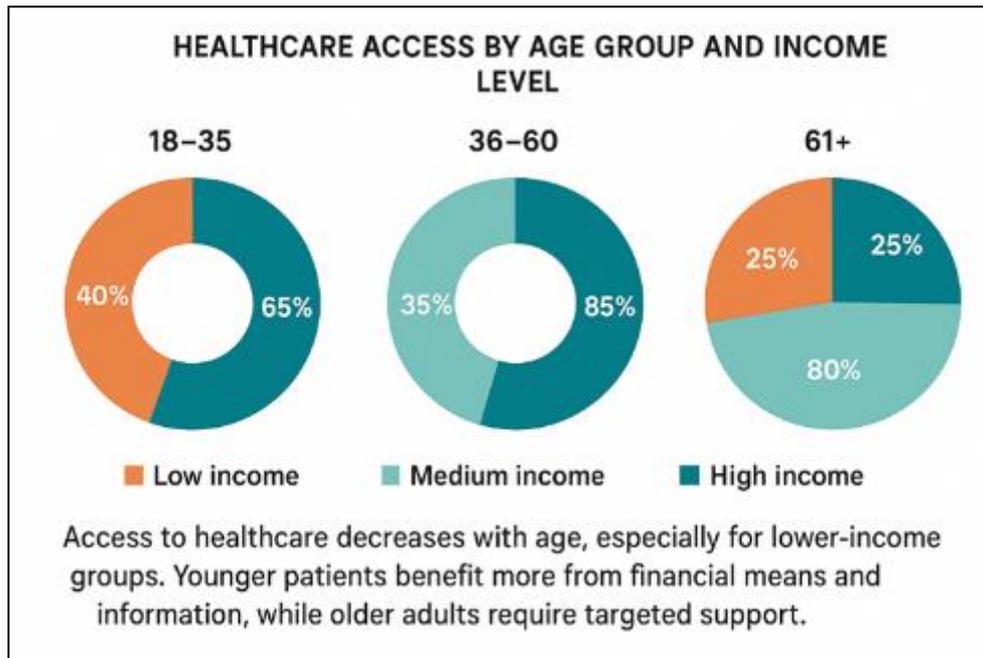
Figure 1 Healthcare by age

Healthcare Compliance and Access: Analysis by Cultural and Socioeconomic Levels

Comment: 1. Cultural Level and Healthcare Compliance

Age 18–35

The pie chart shows that younger patients with a high cultural level demonstrate the highest compliance with healthcare recommendations (95%). Even those with a low cultural level show relatively high compliance (45%), suggesting that youth and better access to digital information positively influence adherence. The medium category reaches 70%, highlighting the importance of education and language skills.

![Cultural 18-35](cultural_pie_18-35.png)

Age 36–60

In middle-aged patients, overall compliance remains high but slightly lower than younger patients. High cultural level compliance is 90%, medium is 65%, and low is 40%. Experience and awareness help, but age-related responsibilities may limit adherence.

![Cultural 36-60](cultural_pie_36-60.png)

Age 61+

Among older patients, compliance decreases significantly across all cultural levels: high 85%, medium 55%, low 30%. Age appears to be a limiting factor, likely due to reduced access to information, technology, and physical limitations. Education and knowledge remain important but are moderated by age-related factors.

![Cultural 61+](cultural_pie_61+.png)

2. Socioeconomic Level and Healthcare Access

Age 18–35

Younger patients with high income have excellent access to healthcare services (90%), while those with low income reach only 40%. Medium income is 65%. Economic resources enhance utilization of healthcare, and youth allows better engagement with available services.

![Socioeconomic 18-35](socio_pie_18-35.png)

Age 36–60

Middle-aged patients maintain high access for high income (85%), but it decreases for medium (60%) and low income (35%). Age-related responsibilities slightly affect access, but financial status remains the primary factor.

![Socioeconomic 36-60](socio_pie_36-60.png)

Age 61+

Older patients show the lowest access: high income 80%, medium 50%, low 25%. Age amplifies the restrictive effects of low income, indicating that older low-income individuals are particularly vulnerable and need targeted support to achieve equitable access.
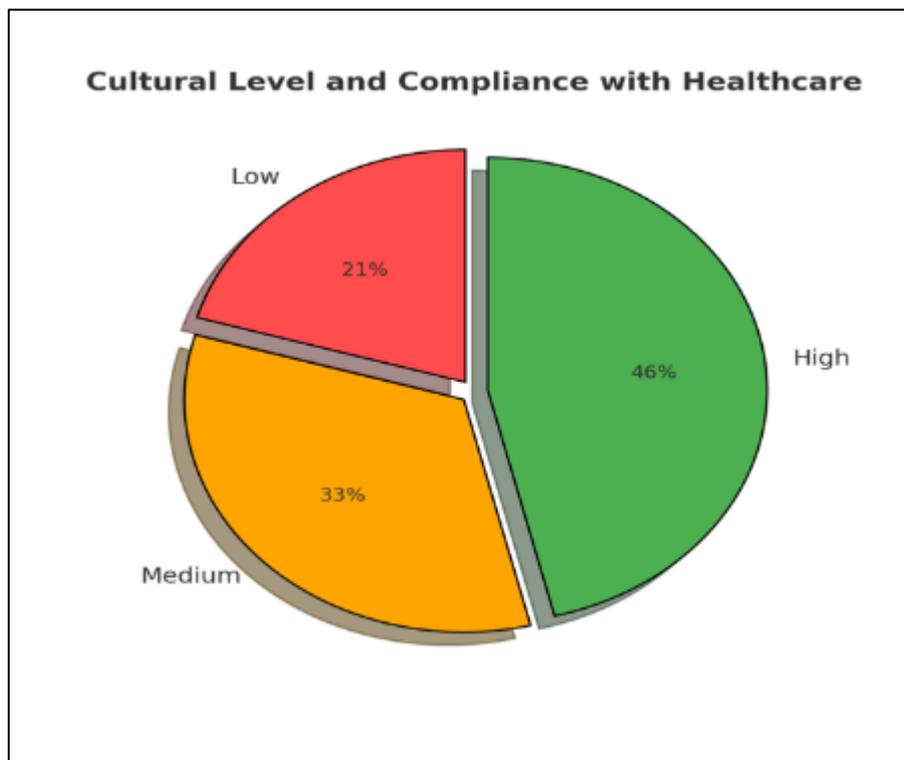
![Socioeconomic 61+](socio_pie_61+.png)

Figure 2 Cultural Level and Compliance with Healthcare

Comment: The Figure shows that as patients' cultural level increases, so does their compliance with healthcare. Specifically:

- Patients with a low cultural level have only 40% compliance, indicating difficulties in understanding instructions or limited access to health information.
- The average level shows 65% compliance, indicating a significant improvement over the previous category.
- The high cultural level reaches 90%, emphasizing that education, knowledge, and language skills facilitate adherence to treatment guidelines and active participation in healthcare.

Conclusion: There is a clear positive correlation between cultural level and compliance with healthcare.
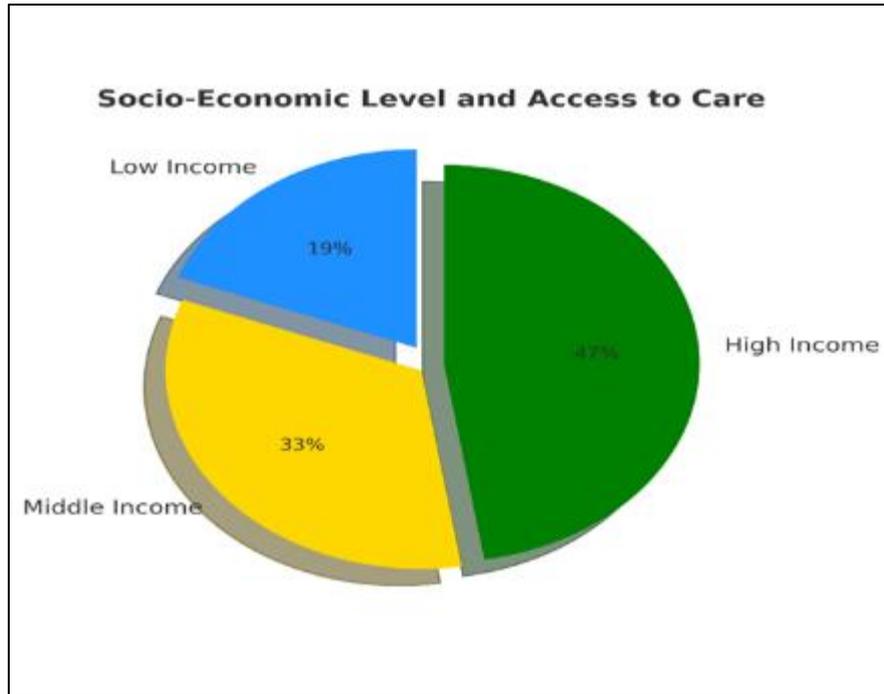
Figure 3 Socio-economic level and access to healthcare

Comment: The Figure shows that socioeconomic conditions significantly affect patients' access to health services:

- Patients with low income have only 35% access, which may be due to financial constraints, lack of insurance, or difficulty in transportation.
- The average income shows 60% access, indicating improvement as financial capacity increases.
- High income reaches 85%, confirming that financial comfort facilitates regular care, visits to specialists, and participation in prevention programs.

Conclusion: Higher socioeconomic status is associated with greater access to healthcare, highlighting the need for support policies for the most vulnerable groups.

Research results. Analysis of the Figures clearly shows that patient compliance with healthcare and their access to services depend largely on social and cultural factors, as well as their age. Younger patients tend to have higher compliance across all cultural level categories, possibly due to better access to information and digital technologies, while older patients show lower compliance rates, especially at low and medium cultural levels. At the same time, patients who are better off financially have easier access to health services than those in lower socioeconomic categories. Overall, the Figures emphasize that improving healthcare cannot be limited to the individual efforts of patients, but requires comprehensive policies and support strategies that simultaneously address educational, cultural, and economic inequalities. Understanding these correlations is crucial for the development of effective prevention and intervention programs that will enhance compliance and access for all age and social groups.

7. Conclusions

Cultural background emerges as a determining factor in health perception, treatment compliance, and effective communication with healthcare professionals. Education, religious beliefs, and language skills shape patients' attitudes toward care and directly influence the quality and outcomes of services provided. Integrating the cultural dimension into healthcare is a prerequisite for people-centered, fair, and effective healthcare practices, contributing to better compliance, increased trust, and improved quality of life.

The Figures confirm the significant impact of social, cultural, and economic factors on patients' access to and compliance with health services. Cultural and socioeconomic status are positively related to understanding, participation, and the ability to utilize available resources. Younger and economically advantaged patients benefit most, while older and socially vulnerable patients face significant barriers.

A comparison of the data shows that improving health outcomes does not depend solely on individual responsibility, but requires coordinated policies that reduce educational, cultural, and economic inequalities. The development of targeted interventions, preventive programs, and supportive actions is essential to promote equitable access to and adherence to health care.

Compliance with ethical standards

Disclosure of conflict of interest

The Authors proclaim no conflict of interest.

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