

# Intercultural Competence in Health Care

Embracing Diversity in Patient-centered Care

Raya Nunez Mahdi

Charlie Obihara

Dorian Maarse

Carlos Nunez

Edwin Hagenbeek

© 2020 Royal Van Gorcum B.V., P.O. Box 43, 9400 AA Assen, The Netherlands

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior permission of the Publisher.

NUR 763, 860

ISBN folio 978 90 232 5780 6

ISBN ebook 978 90 232 5781 3

Lay-out and cover: Richard Bos

Cover illustration: Masaaki Oyamada, in cooperation with Carlos Nunez

Text editing: Joke de Groot

Publisher: Royal Van Gorcum, Assen, The Netherlands

Printing: Van Gorcum, Raalte



# Contents

	<b>Foreword and Acknowledgements</b>	<b>11</b>
	<b>User Information Leaflet</b>	<b>14</b>
	<b>Introduction</b>	<b>15</b>
<b>Chapter 1</b>	<b>Culture, Self-Awareness and Intercultural Communication</b>	<b>22</b>
	1.1 Definitions of Culture	24
	1.2 Culture: The Hidden Dimension	25
	1.3 Cultural Programming	27
	1.5 Intercultural Communication	31
	1.6 What is Communication Noise?	32
<b>Chapter 2</b>	<b>Hall's Key Concepts</b>	<b>34</b>
	2.1 High-context and Low-context Communication	36
	2.2 Monochronic and Polychronic Time	44
	2.3 Personal Space	48
	2.4 Fast and Slow Messages	50
	2.5 Fast and Slow Information Flow	52
	2.6 Action Chains	54
	2.7 Cultural Self-awareness Assignment	55

**Chapter 3 Kluckhohn and Strodtbeck's Variations in Value Orientations 58**

3.1	What Is Our Relationship with Nature and how Do We Solve Problems? Dominating, in Harmony or Subjugated to Nature?	61
3.2	What is Our Time Orientation? Past, Present or Future?	64
3.3	Doing or Being: How Do You Get Things Done?	67
3.4	Individualism or Collectivism: How Do We Relate to Our Fellow Humans?	69
3.5	Is the Space Around Us Private or Public?	72
3.6	Human Nature: Are Humans Basically Good, Basically Evil or a Mix of Both?	74
3.7	Assignments	76

**Chapter 4 Hofstede's Dimensions of Culture 78**

4.1	Power Distance Index (PDI)	80
4.2	Individualism and Collectivism (IND)	82
4.3	Masculinity and Femininity (MAS)	85
4.4	Uncertainty Avoidance Index (UAI)	89
4.5	Long-term and Short-term Orientation (LTO)	91
4.6	Indulgence Versus Restraint (IVR)	93
4.7	ABCDE – Positive Stereotyping	95
4.8	Country Scores for Hofstede's Six Dimensions of Culture	97
4.9	Cultural Awareness Assignment	100

**Chapter 5 Medical Anthropology: On Health, Illness, Life and Death 102**

5.1	Preface	104
5.2	Introduction to Medical Anthropology	104
5.3	Approaches to Illness and Explanatory Models	105
5.4	Medical Traditions across the Globe	107
5.5	Ethnocentrism, Cultural Concepts of Distress (Culture-Bound Syndromes)	109
5.6	Bodily Perception	110
5.7	Body Maintenance: Nutrition and Hygiene	112
5.8	Pain Perception, Compliance, Pharmacogenetics and the Care Relationship	116
5.9	Life and Death	118

<b>Chapter 6</b>	<b>Detecting Communication Noise with the TOPOI-model</b>	<b>124</b>
6.1	Background of the TOPOI-model	126
6.2	The T for Tongue (Language)	126
6.3	The O for Order	131
6.4	The P for Persons	133
6.5	The O for Organization	136
6.6	The I for Intentions/Influence	140
<b>Chapter 7</b>	<b>Culture Shock, Re-entry Shock and Condición Migrante</b>	<b>144</b>
7.1	Culture Shock	146
7.2	What Are the Stages of Culture Shock?	146
7.3	The Pre-departure Stage	148
7.4	The Vacation Stage	149
7.5	The Angry Stage: It Is <i>Their</i> Fault! (including Condición Migrante)	151
7.6	The Adjustment Stage	153
7.7	Re-entry Shock	154
7.8	Professional Re-entry Shock and Healthcare	157
<b>Chapter 8</b>	<b>Intercultural Sensitivity</b>	<b>160</b>
8.1	Denial	162
8.2	Defense / Polarization	164
8.3	Minimization	167
8.4	Acceptance	169
8.5	Adaptation	171
8.6	Integration / Intercultural Competence	173
8.8	Assignment: Role-play the Levels of Intercultural Sensitivity	174
<b>Chapter 9</b>	<b>Positive Cultural Synergy</b>	<b>178</b>
9.1	What Is Cultural Synergy?	180
9.2	Ways of Reacting to Cultural Differences	180
9.3	Three Steps to Cultural Synergy	183
9.4	How to Create Cultural Synergy with Patients	186
9.6	What to Do if Cultural Synergy Fails?	197

**Chapter 10 Working Together in a Culturally Diverse Team 200**

8

10.1	Good Collaboration between Healthcare Professionals Is of Vital Importance	202
10.2	Diversity among Healthcare Professionals	203
10.3	Diversity between Healthcare Professionals: Future Perspective	210
10.4	Advantages of Diversity in Healthcare Teams	210
10.5	Barriers within Diverse Healthcare Teams	213
10.6	Organizational Vision on Diversity Is Crucial	216
10.7	Culturally Competent Leadership	218
10.8	How to Become a Culturally Sensitive Colleague	221
	About the authors	224
	About the illustrator	227
	Bibliography	228
	Illustration Sources	240







# Foreword and Acknowledgements

The book you are holding in your hands was born from the many experiences that our colleagues and we have had over many years. The number of cases kept growing: about cultural differences hindering instead of complementing the interaction between healthcare professionals and patients.

Research (Paternotte, 2016) shows a strong discrepancy between healthcare professionals' perception of their own intercultural competence and the reality of the situation. This convinced us to write this textbook, applying renowned models and theories from cultural anthropology, medical anthropology and communication sciences to day-to-day cases in healthcare.

This book will give you insights in what you can do to improve intercultural communication. Better communication contributes to a good relationship with the patient, more satisfaction with the care provided, and better health outcomes. In short: good communication leads to excellent quality of care.

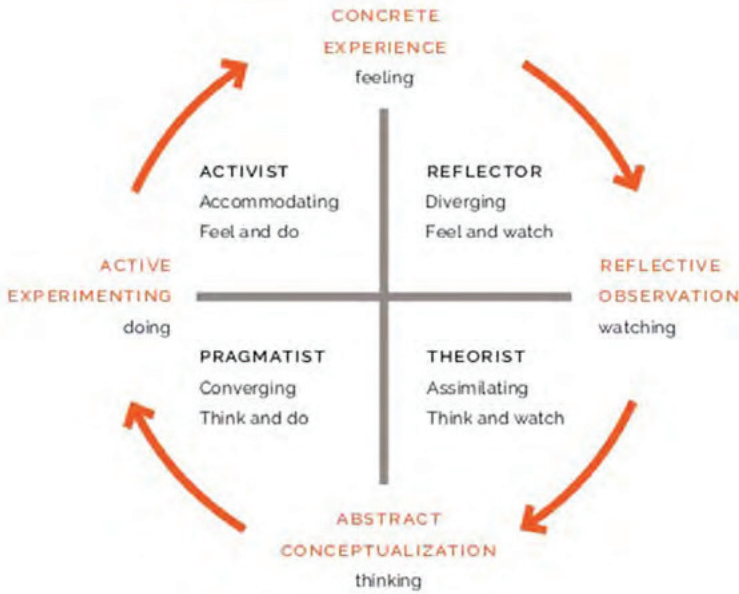
The unique characteristics of our team of authors are our collaboration and diversity. We come from highly diverse professional backgrounds: a doctor and an educator, a nursing lecturer with a background in medical anthropology, a cultural anthropologist, an engineer, a psychologist, and trainers in intercultural communication. We brought our diverse expertise and a broad palette of experiences to bear. We challenged each other to avoid assumptions and to get out of our comfort zones. The fact that our authors come from four different continents – Africa, Asia, Europe and South America – and have extensive international work experience in diverse cultures was highly effective and led to many different angles and dialogues that could not have been explored from a monocultural perspective. Without these discussions, and the insights that came from them, this book would have been very different.

We wrote this book, first and foremost, for healthcare professionals in training (e.g. nursing, medical and similar occupations). However, it also offers eye-openers to professionals with many years of experience. Additionally, educators, executives and

managers who take diversity and inclusiveness in healthcare seriously will find within these pages insights into the characteristics of intercultural sensitivity and diversity in teams.

In short: this book is aimed at healthcare professionals who want to provide excellent care to all patients, regardless of their cultural background.

12



*Kolb's learning cycle*

(Source: Brouwer et al, 2015 in: <http://www.managingforimpact.org/tool/kolbs-learning-cycle-and-learning-styles>)

We are aware that our readers too are highly diverse in age, practical experience, occupation and frames of reference, and that they have diverse learning styles. Therefore, we made this book accessible for all learning styles, in accordance with Kolb's Learning Styles and Experiential Learning Cycle:

case studies for readers looking for concrete experiences;

- reflection questions for readers who learn best by watching and through reflective observation;
- models and theories for readers who prefer to put observations into a conceptual framework;
- examples in the application of theory and models for the practical application-oriented reader; and
- images for the visual reader.

We hope this book will be a useful instrument for all healthcare professionals.

The development of this book was made possible with the help of many healthcare professionals and lecturers, whom we would like to thank by name. We are very thankful for the time, dedication and feedback of our beta readers Gusta Boland, Duco Steenbeek, Carolien Vos, Tarek Karramass, Ann Callewaert, Nicole Janmaat, Marian Harink, Ulrike Mahdi, Francis Burgersdijk, Patricia Mooibroek, Bieke Jongejan, Sophie Uljee, Mathilde Bos, Bas Steunenberg, Kate Clarke, Sinéad Clarke, Kirsty Marshall, Lieke Braadbaart, Joy Obihara, and our most constructive, critical reader Ndidi Obihara.

We are grateful to Floor de Groot, Willemijn Berkhout, Bieke Jongejan and Sophie Uljee for their personal contributions and case studies. We are greatly indebted to professor Geert Hofstede for his advice in finding research results that prove the correlation between certain illnesses and scores on the sixth dimension of culture, *Indulgence and Restraint*. We also thank Lida van den Broek for her research into Indian operating room employees, and Marjan Janssen, Josita Versteeg, Mechtild Wijdenberg, Cora Fiedeldeij, Khalid Aamri, Elise Talsma and many other colleagues, friends, acquaintances and members of the Pediatric Travel Company for the examples from practice and inspiring conversations. We thank Malcolm Evans for his quick and generous permission, and Jim Terlingen and Dinanda Zevalkink for their thoughts, guidance and the time and energy invested in supporting this process.

# **1 Culture, Self-Awareness and Intercultural Communication**

- 1.1 Definitions of Culture**
- 1.2 Culture: The Hidden Dimension**
- 1.3 Cultural Programming**
- 1.4 Cultures, Subcultures and Multiple Cultures**
- 1.5 Intercultural Communication**
- 1.6 What is Communication Noise?**

People often confuse the term culture with country. Culture is so much more encompassing than a geographical space. Culture is learned, and we learn it while socializing in all the groups that we belong to. The way we think, feel and behave has been learned. Our cultural lenses help us with our perception, but they can also limit our perception and distort our judgment of others. We are not aware of that, because a large part of culture is invisible.

The aim of this chapter is to make us aware of all the facets of our culture, which we frequently take for granted. And to realize how our culture influences our judgment of others and our communication. Cultural awareness is the first step towards intercultural competence. This insight will help us communicate more effectively as healthcare professionals in a diverse environment.

## 1.1 Definitions of Culture

Many definitions of culture originate from cultural anthropology and social psychology. We will not be referring to Culture with a capital C, such as literature, art, music, the theater, museums, architecture or science, but to culture with a small c: the patterns of thinking, feeling, and behaving that we have learned, that we are familiar with and that we share with others in our community. As authors, we chose the following three definitions, which share similarities.

### Three Definitions of Culture

1. The British anthropologist **Edward B. Tylor** (1871) was the first to define culture as: “... that complex whole which includes knowledge, belief, art, law, morals, custom, and any other capabilities and habits acquired by man as a member of society.” (Tylor, 1871)

“*That complex whole...*” makes Tylor’s definition of culture inclusive (meaning everyone has culture, and not just a select group of people.) And from “*...acquired ... as a member of society*”, we can conclude:

- Culture belongs to a society or a group.
- Culture is something that we learn.

2. The American social psychologist **Edgar Schein** defines culture as:

“a pattern of shared basic assumptions learned by a group as it solved its problems of external adaptation and internal integration. A product of joint learning.” (Schein, 2004)

From this we can conclude:

- Culture belongs to a certain group.
- Culture is a product of learning.

3. The third definition of culture is by the Dutch engineer and organizational psychologist **Geert Hofstede**:

“the collective programming of the mind which distinguishes the members of one group or category of people from another.” (Hofstede, 1991)

From this we can conclude:

- Culture belongs to a group.
- Culture is learned. We learn it through upbringing, socialization, norms and values, and perception.

We will be working with Hofstede's definition because it is concise and reflects the essence of culture: culture belongs to a group, and we learn culture as we interact with our group(s). This "enculturation" makes us see through our cultural lenses or cultural glasses.

## 1.2 Culture: The Hidden Dimension

There are a lot of visible and tangible aspects of culture – such as food, clothing, or home decoration. On this level, cultural differences are obvious. However, the most important cultural differences are on a less visible level. The American anthropologist Edward Hall refers to this as *The Hidden Dimension*.

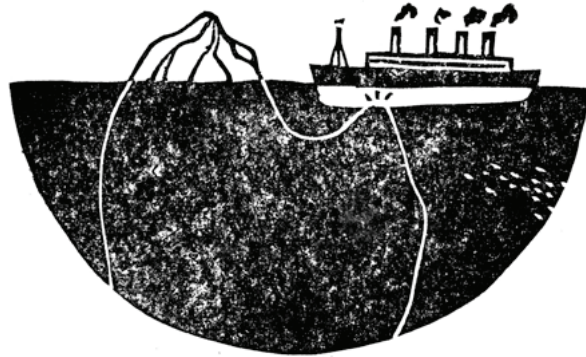
In every culture, and in every group, Hall distinguishes three levels of culture: tertiary, secondary and primary. (Hall, 1984, p. 230)

On the **tertiary level**, culture is tangible, explicit, and visible or known to the outsider. Traditional dress, local cuisine, or body art such as henna decorations and tattoos are examples of tertiary level culture. Do doctors and nurses wear white uniforms? That is also an expression of tertiary level tangible culture.

On the **secondary level** we find the norms or rules of behavior, which the members of the group know and can even name, although they very seldom explain these norms to outsiders. For example: visiting someone in hospital? Two visitors are fine, don't come with a crowd. What to bring for the patient? Flowers? Yes. Fried rice with fermented shrimp paste? No.

On the **primary level** the members of the group know the rules, they abide by these rules, but they are actually unable to name them. The rules are so implicit, so taken for granted, so outside their awareness. And it is here, on this primary level, that the most dramatic, but unintentional cultural misunderstandings occur - also in the field of healthcare. This is what this book is about: the primary level of culture. We will give concrete examples in Chapters 2, 3 and 4, by making these hidden dimensions visible, using the cultural models set out by Hall, Kluckhohn-Strodtbeck and Hofstede. The subsequent chapters provide new insights and tools on how to benefit from diversity in health care.

Like the submerged part of an iceberg, the hidden dimensions of culture are in fact its largest part, on which the visible culture rests and stays afloat. Every aspect of culture has meaning which can be interpreted in one way by an insider, but in a different way by outsiders.



*Figure 1.1 The cultural iceberg and the Titanic as metaphor for cultural clashes on the hidden dimension level. (Nunez, Nunez Mahdi and Popma, 2017)*

The social psychologist **Edgar Schein** compares the three cultural levels with the layers of an onion, and identifies them from the outer layer to the inner layer as artifacts, norms and values, and basic assumptions.



*Figure 1.2 Schein's layers of culture*

- 1. Artifacts*
  - 2. Norms and values*
  - 3. Basic assumptions*
- (Edgar Schein, 2004)*