

# Developing Cultural Competence

Vijay Nayar

Developing people  
for health and  
healthcare

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# Cultural Competence

Ability to interact with people from different cultures and respond to their health needs

–Individuals and Organisations

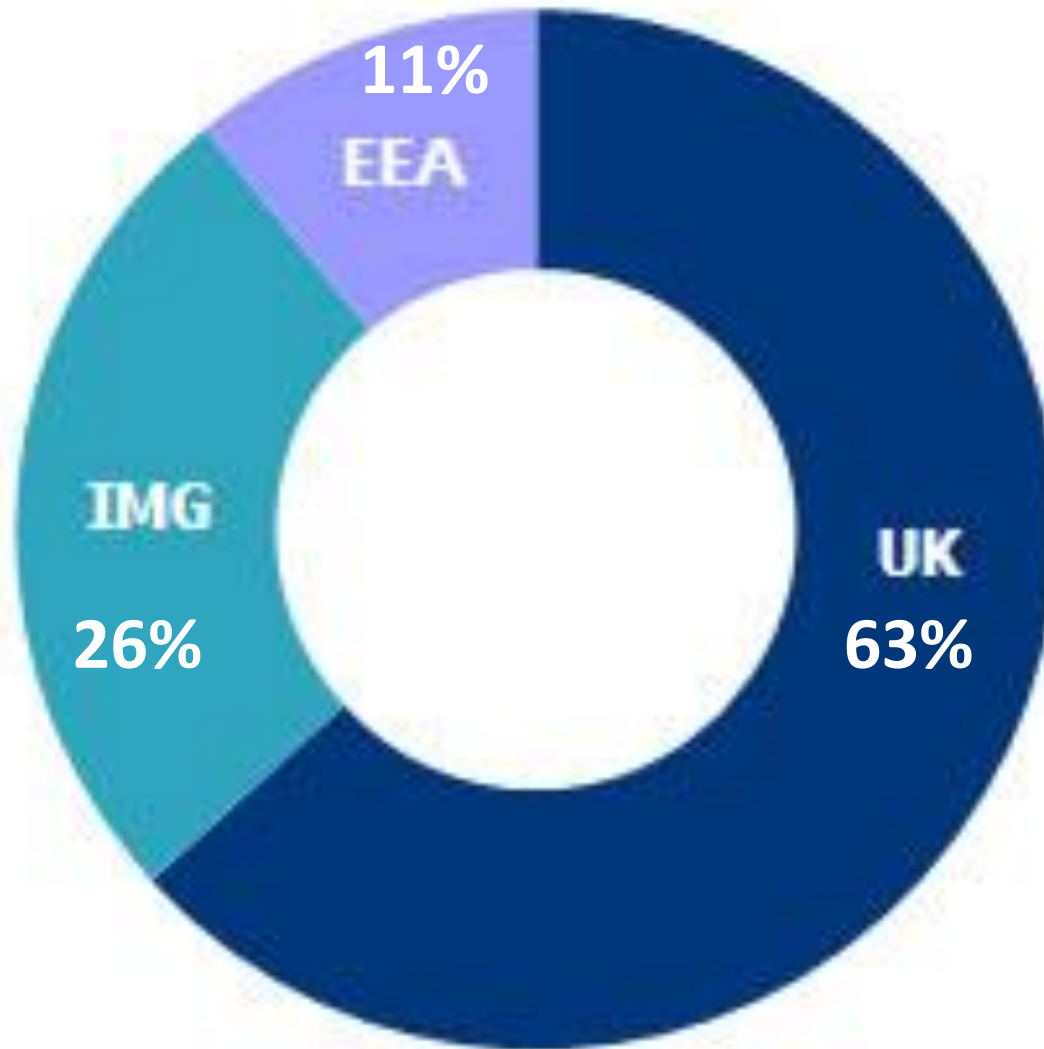
Creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and individuals

# Why are we doing this?

- Relevant to healthcare and increases health literacy
- Decreases health inequalities
- Relationships with patients and colleagues
- Differential Attainment in trainees



## Doctors by World Region of PMQ



# A third of NHS doctors trained overseas, raising fears of staffing crisis

The health watchdog has warned of a staffing crisis after revealing that a third of NHS doctors come from overseas - and in some areas significantly more.

## SEE RELATED

[The truth about NHS staff shortages](#)

[NHS future 'precarious', warns health watchdog](#)

[Pros and cons of privatising the NHS](#)

The General Medical Council (GMC) said the over-reliance on doctors trained abroad meant the medical profession was now at a “crunch point”, as many medics turn their back on Britain in the wake of Brexit.

Forty-three per cent of doctors in the East of England are non-UK graduates, along with 41% in the West Midlands and 38% in the East Midlands - compared with the national

average of 33%. These are all areas that voted heavily to leave the EU.

# East of England

- Population of 5.8 million people
  - Higher than average proportion of people aged over 65 yrs
  - Approximately 7% people from non-white backgrounds
  - Highest concentration of Gypsies and Travellers in its population compared to the rest of England.
- 



**Nearly 1 in 3  
social housing  
residents is > 65**

**1 in 3 homeless  
people admitted to  
Hospital discharged  
on to the streets  
(2014)**

**1 in 2 people in  
social housing  
a LTC or disability,  
(cf 1 in 4)**

**1 in 4 in England  
experience a mental  
health problem  
each year**





# Health Literacy

A person with adequate health literacy is someone with the **perception, reasoning and language knowledge for accessing, understanding and applying** information for healthy living and keeping medically fit.

(WHO, 1998)

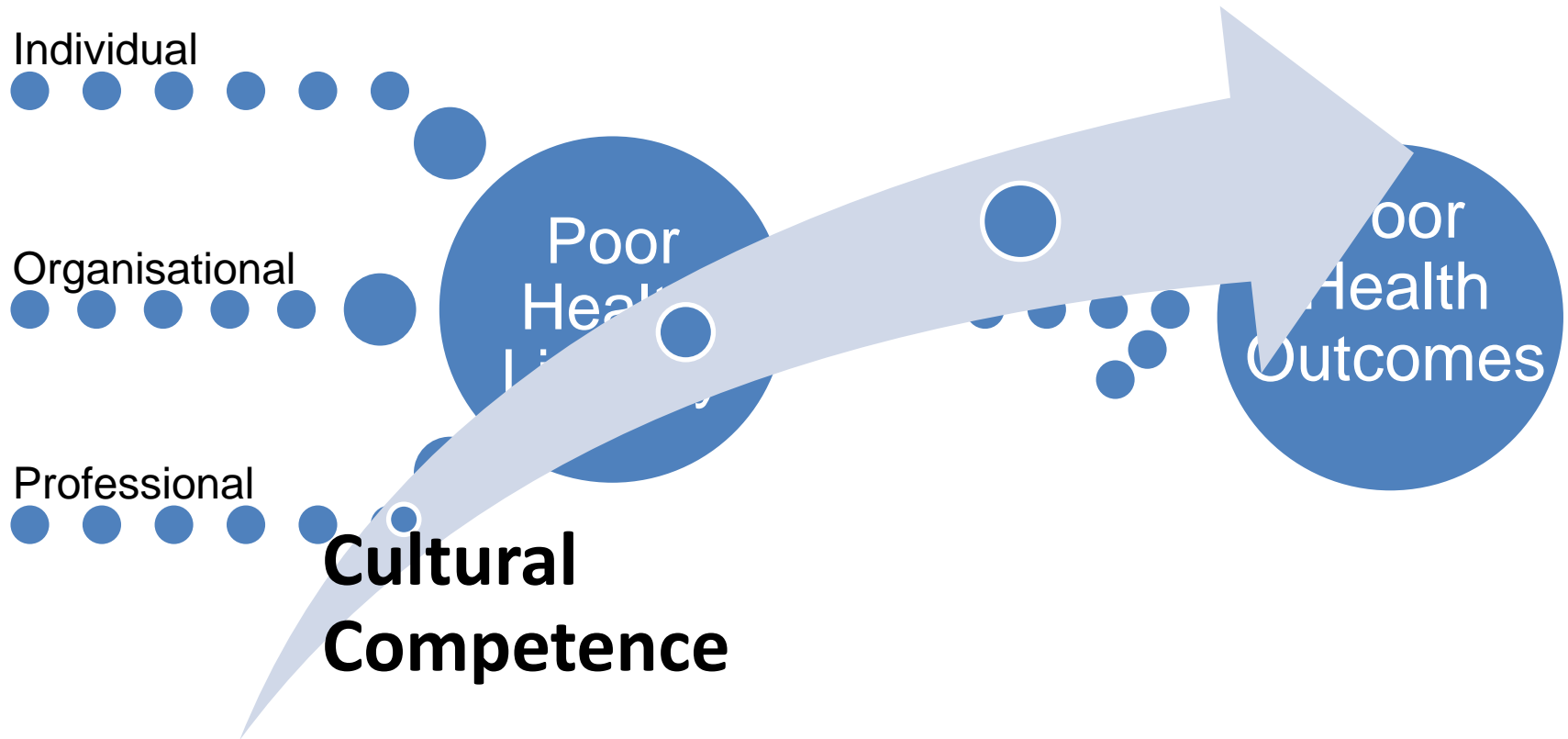


# Health Illiteracy

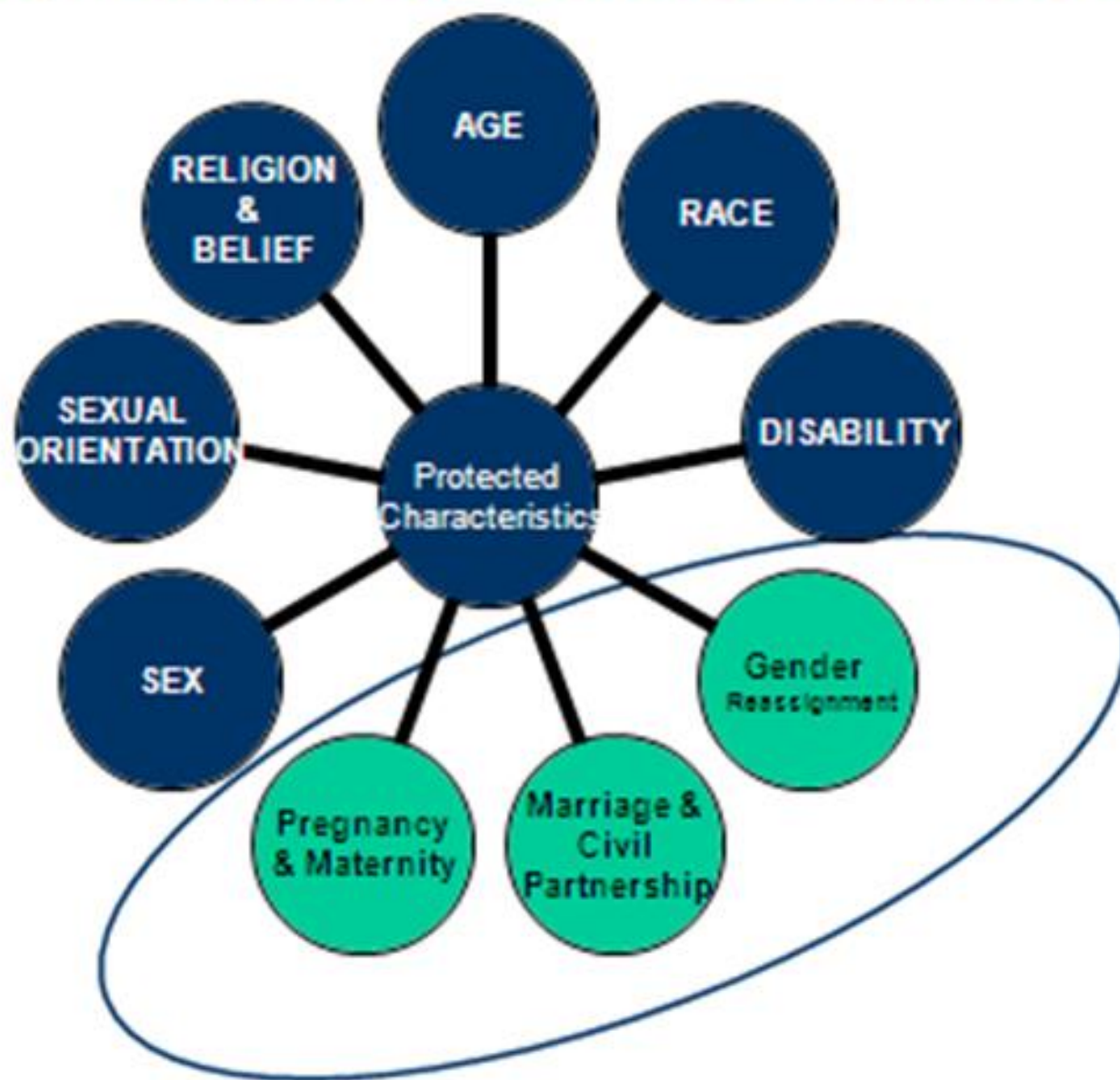
- mainly older
- educated to lower standards
- in low paid employment
- lower socioeconomic influence
- mostly of ethnic minorities
- those with disabilities



- poorer knowledge about health
- acquire poor preventive care
- poorer CDM
- poorer mental health
- attend A/E more often
- admitted into hospital more frequently



# Equality Act (2010)-Protected Characteristics



# Equality Act (2010)- Prohibited Conduct

1. Direct discrimination, including by association and perception
2. Indirect discrimination - now covers all characteristics
3. Harassment
4. Third party harassment
5. Victimisation

➤ Duty to make reasonable adjustments

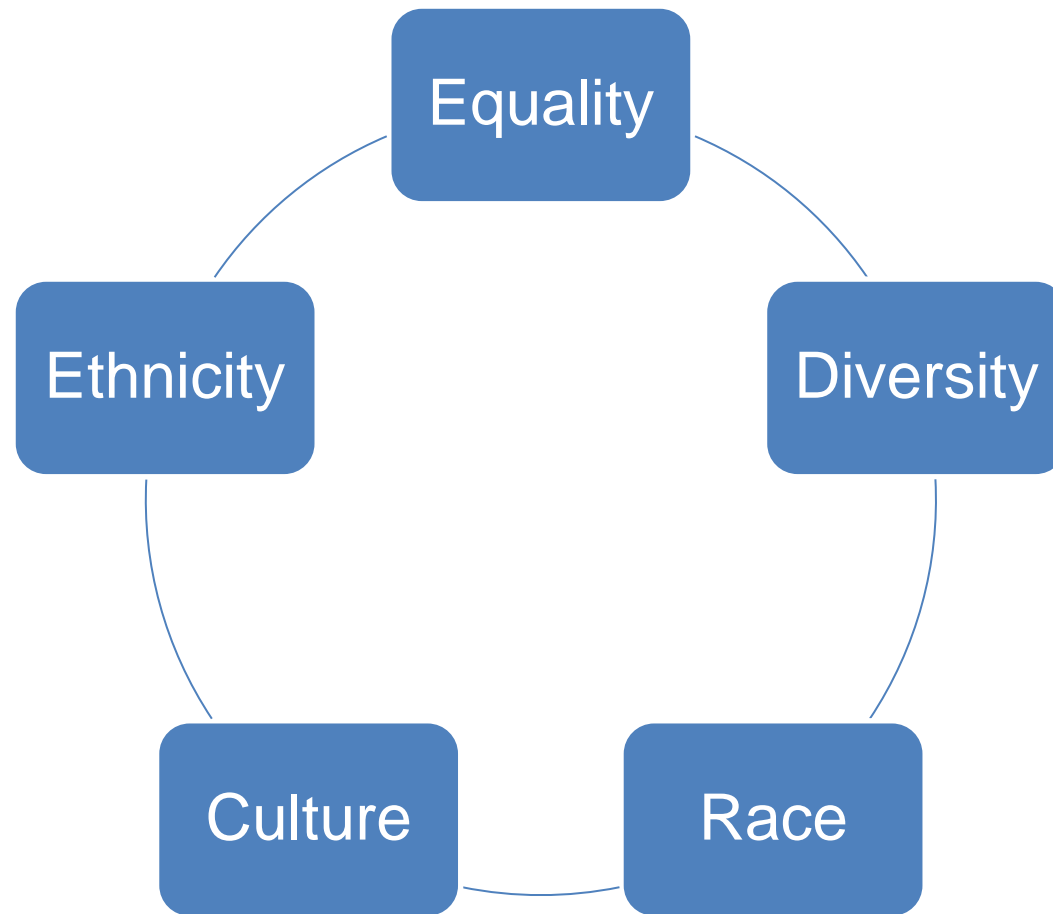
# Public Sector Equality Duty- 3 aspects

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.





# Equality

Is about creating a **fairer** society in which everyone has the opportunity to fulfil their potential

# Diversity

The recognition and valuing of  
**difference** between people

# Dimensions of diversity, some more visible than others

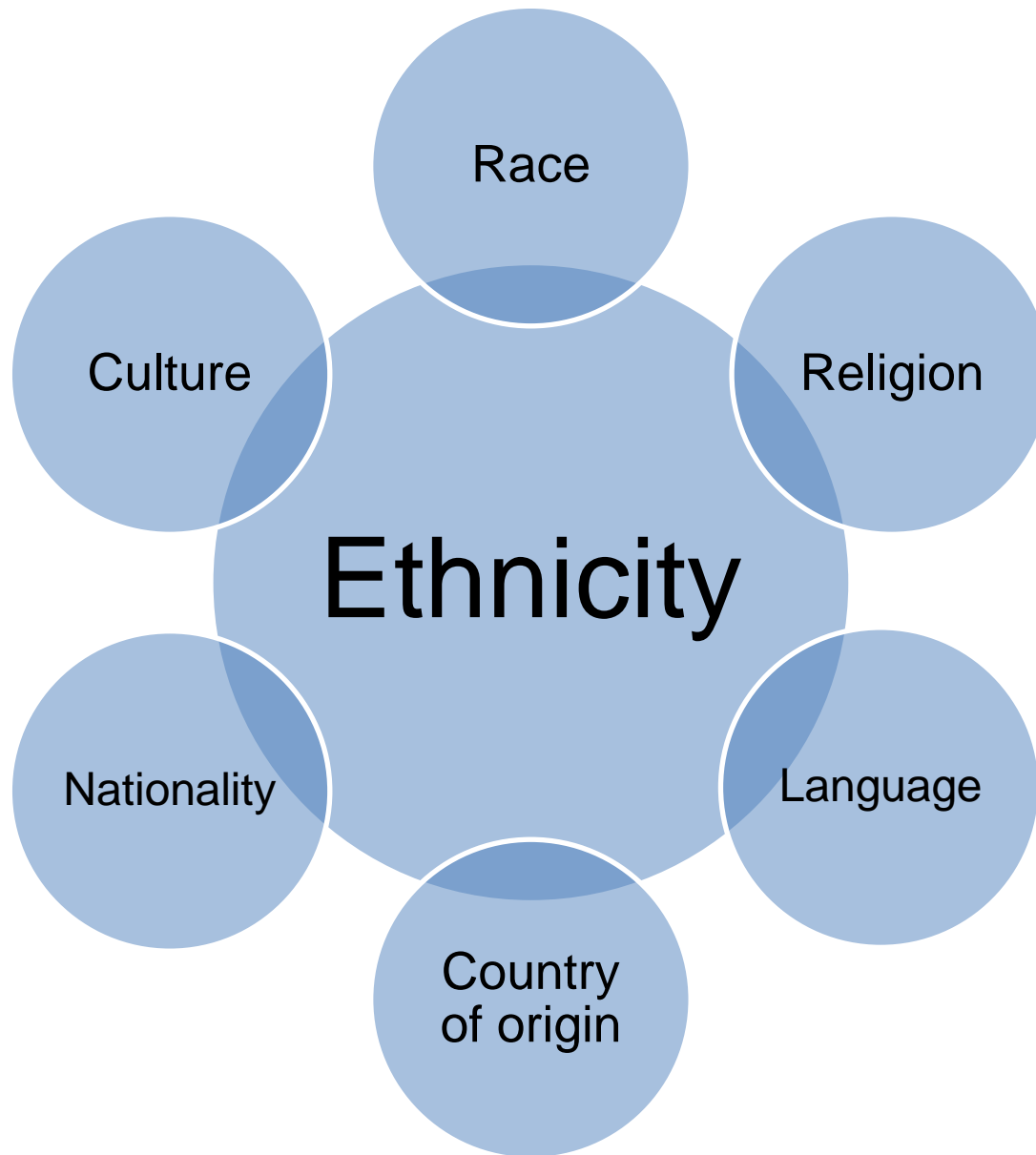
- Gender
- Age
- Ethnicity
- Nationality
- Language
- Skin colour
- Religion
- Disability
- Class (wealth, education)
- Occupation
- Sexual orientation
- Political orientation
- Culture (beliefs, expectations, behaviour)

# Diversity and Equal Opportunities

- Not about treating everyone the same
- More about providing a LEVEL PLAYING FIELD
- Equal access to opportunities

# Race

- A socially defined population that is derived from distinguishable characteristics that are genetically transmitted eg skin colour, facial features, hair texture





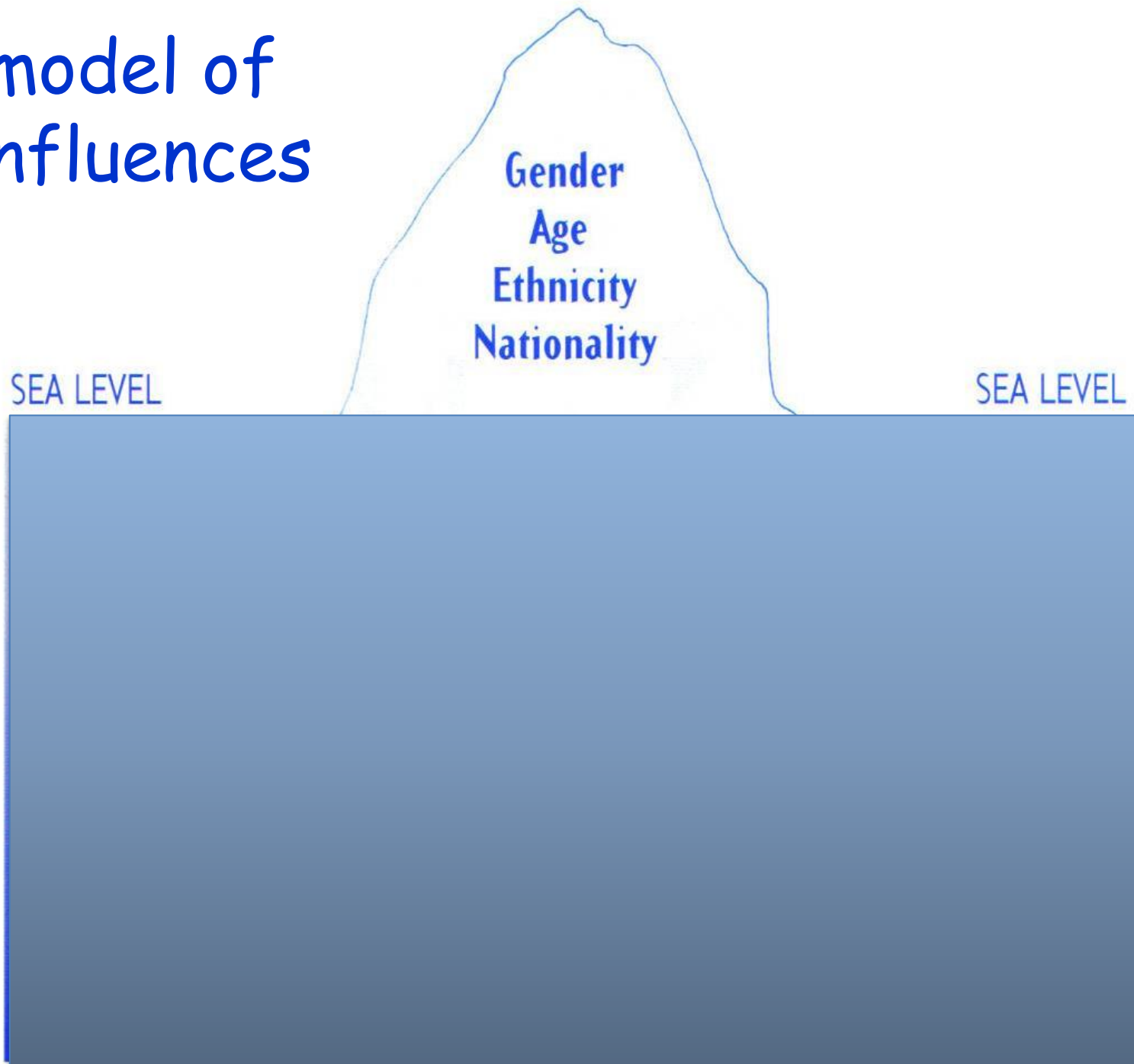
# Ethnicity

- The belonging to a social group often linked by race, nationality, religion and language often with a common cultural heritage.

# Culture

- Shared beliefs, values and attitudes that guide behaviour of members
- Complex social phenomenon, multi-dimensional
- Dynamic concept - keeps changing
- We are all multicultural but selective

# Iceberg model of cultural influences



# Culture

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# Cultural Competence

- Self-awareness of own culture
- Assumptions
- Stereotypes
- Biases and their impact

# Unconscious Bias

- Lead to our **unintentional** people **preferences**
- Formed by our socialisation and experiences, including exposure to the media
- We unconsciously assign positive and negative value to the categories we use



# Unconscious Bias and Stereotyping

- Automatic
- Bypass cognitive processes
- Implicit categorisation and grouping of people to avoid having to conduct completely new assessments for every new person
  - It's a shortcut

# Biases

- We need to accept that we all have biases
- Deeply held beliefs and assumptions
- Influence our decisions and how we work with other people
- Form due to media and poor experiences
- We end up basing future decisions on this knowledge and experiences

# What Activates Our Biases?

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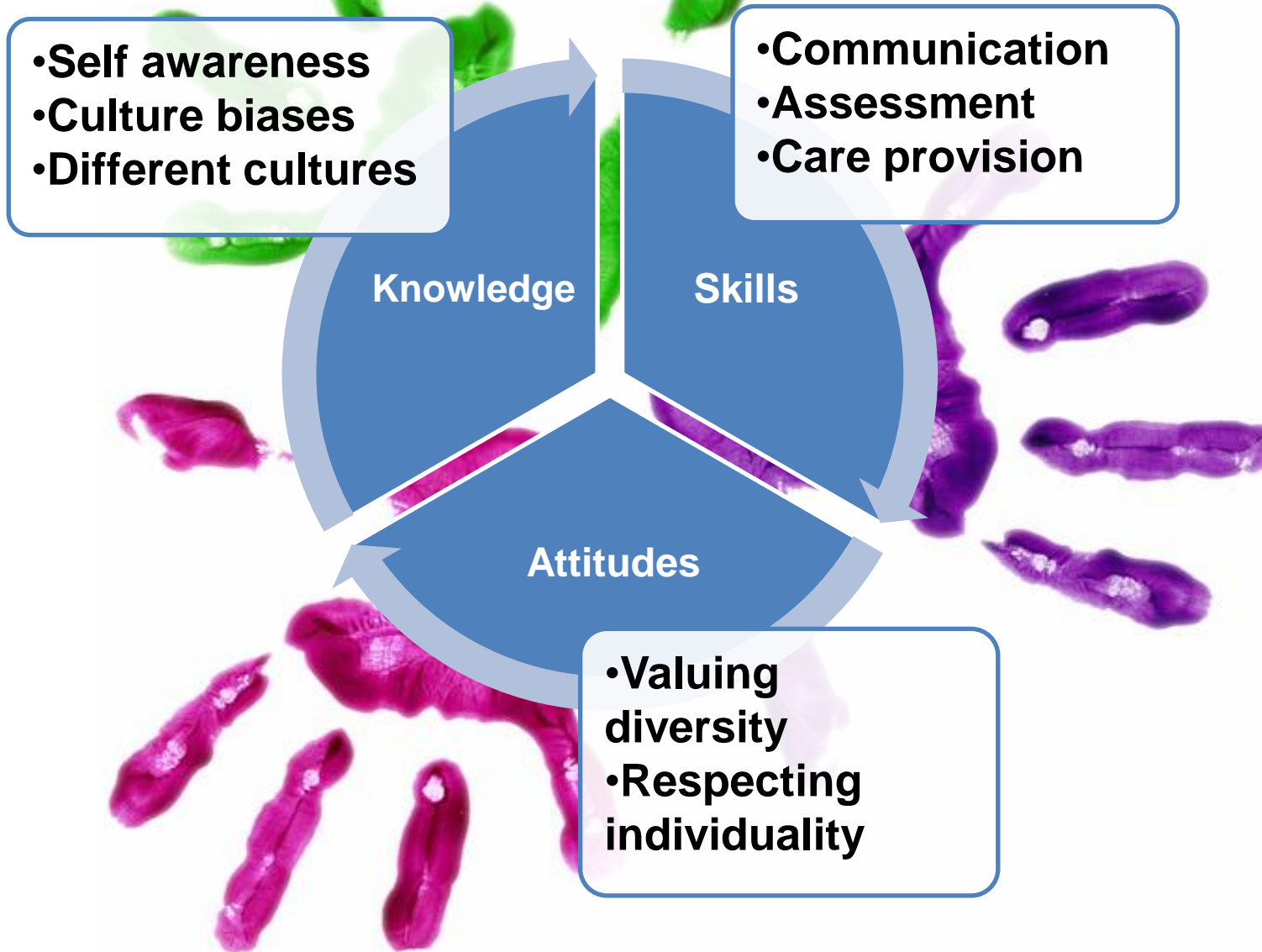
- Our biases are most likely to be activated by three key conditions
  - stress
  - time constraints
  - multi-tasking

# Effect of unconscious bias on behaviour

- Subtle and we're not always aware
- May lead to micro-behaviours/inequities, for example:
  - Paying a little less attention
  - Addressing someone less warmly
  - Less empathetic towards those not similar to us

# Cultural Intelligence

- Need to discover our biases
- Need to be honest with ourselves
- They do not survive when we put a spotlight on them

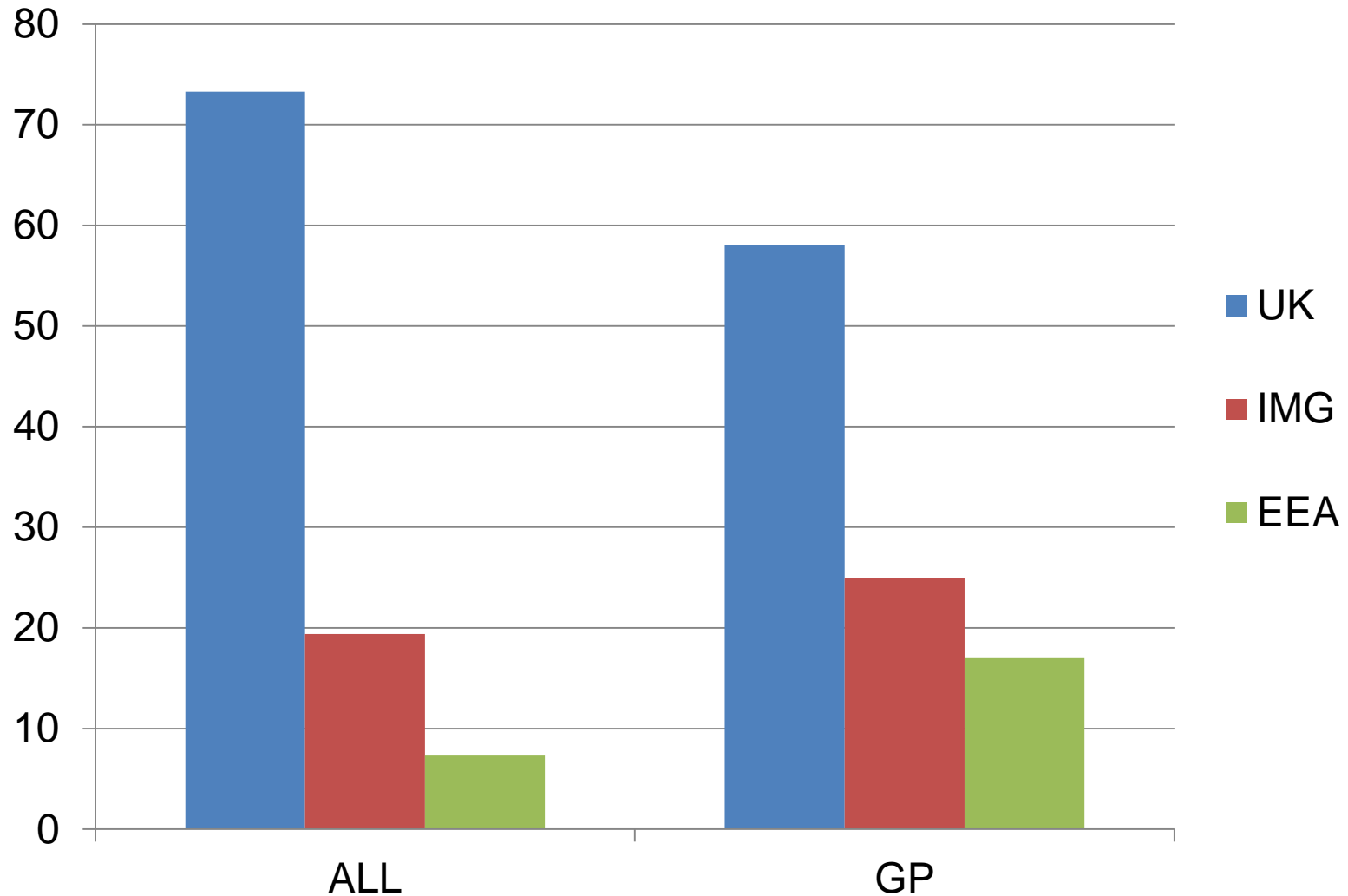


# Implications for Educators





# Country of Qualification



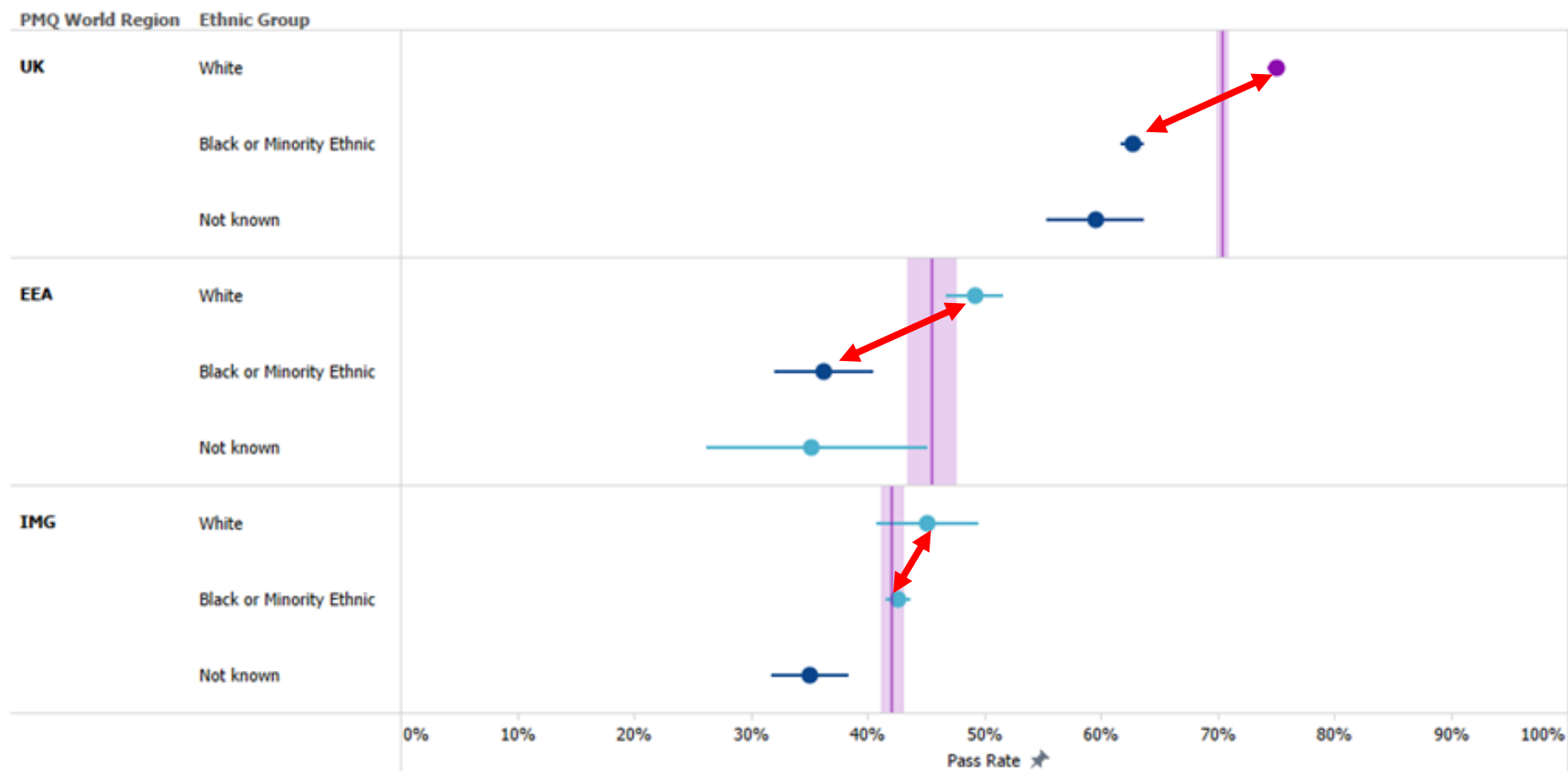
## Pass rates by region of primary medical qualification and ethnic group

College / Faculty

(All) ▼

Year

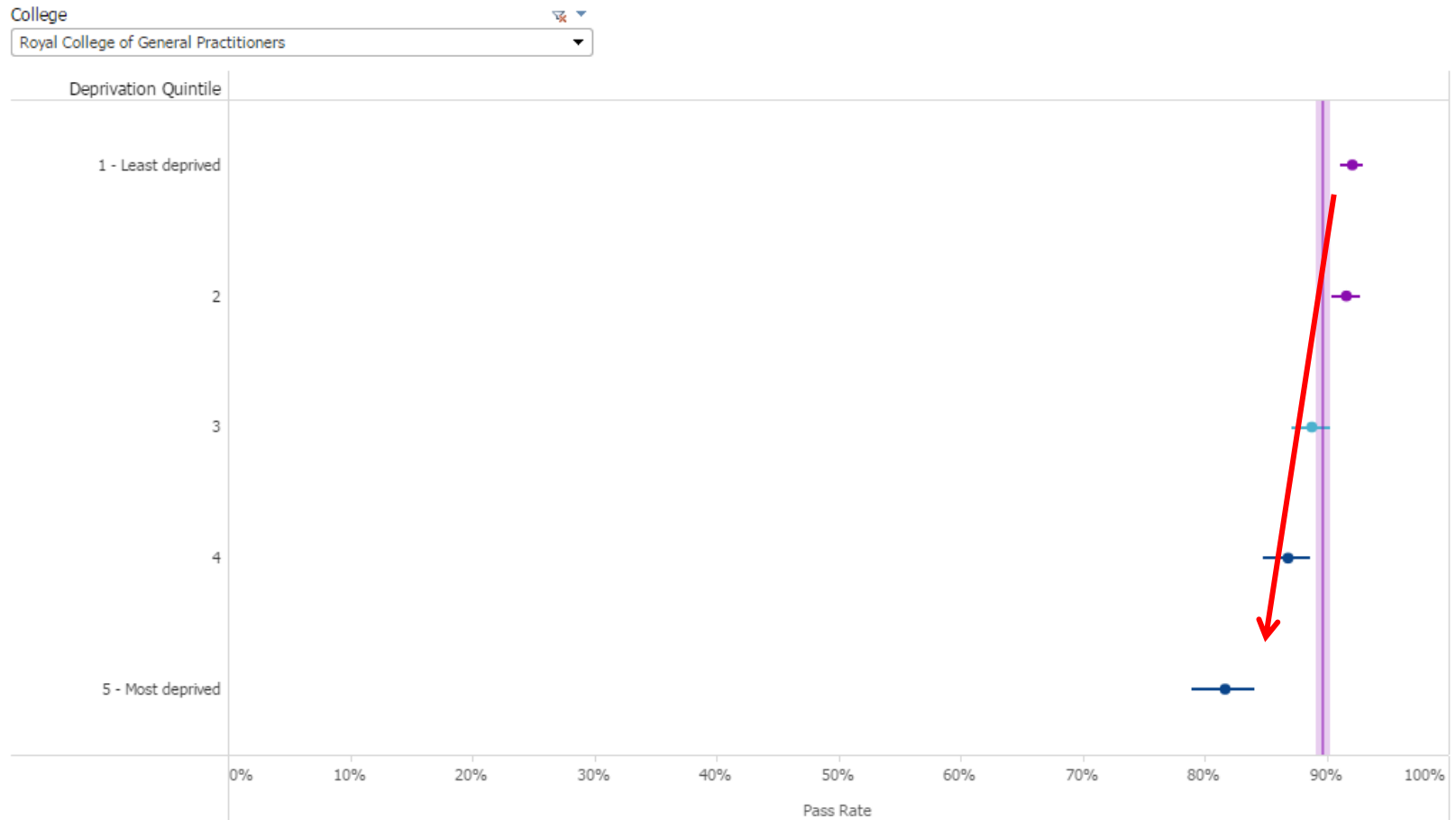
(All) ▼



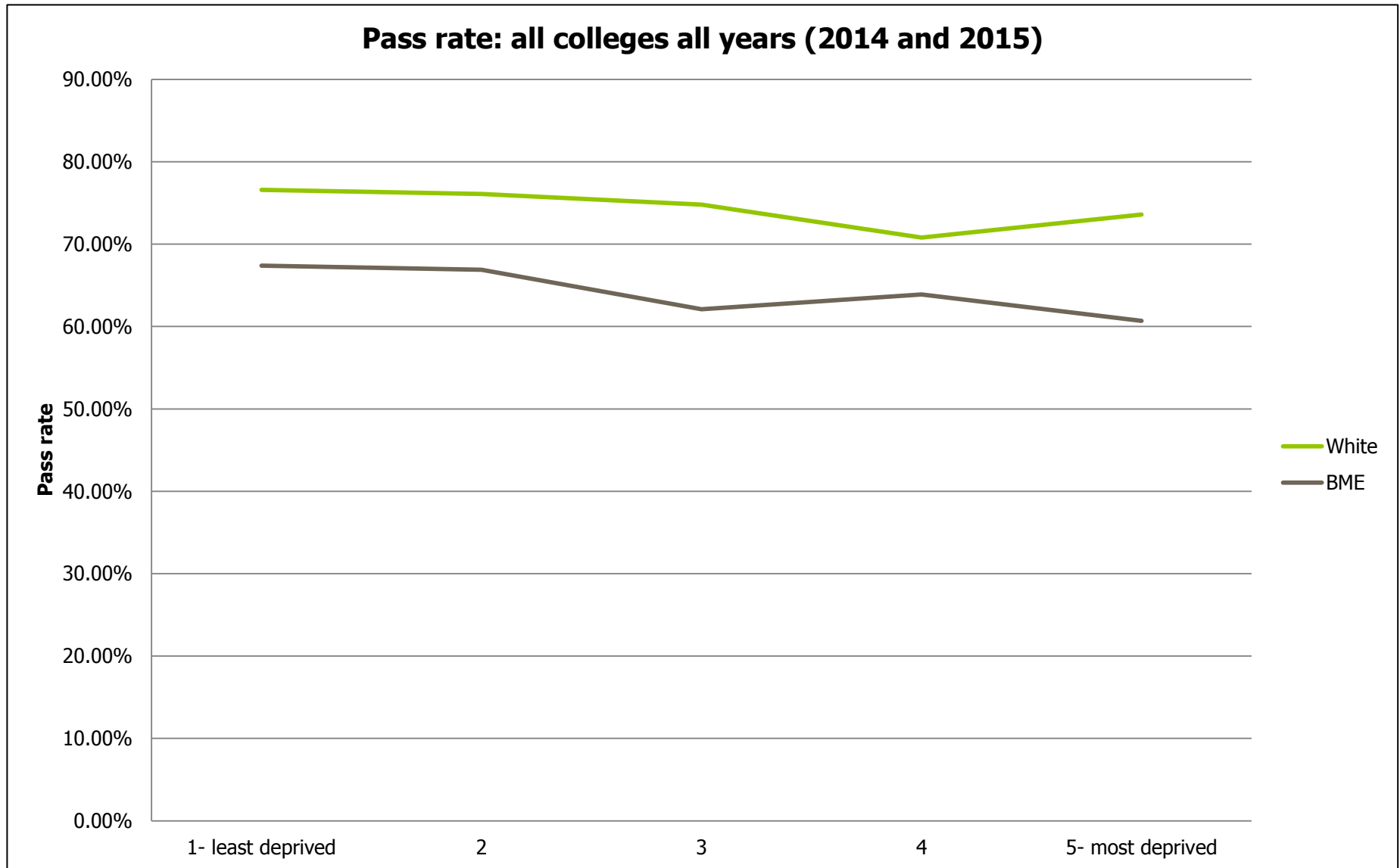
Data source: all candidates in all college/faculty exams for 2013/14

# Differences by socio-economic status

Pass rates for UK graduates by deprivation quintile for 2013/14 and 2014/15 (Includes candidates sitting exams whilst in foundation programmes and candidates not in a training programme)



# Socio-economic status does not explain BME performance



# Differences related to gender and age

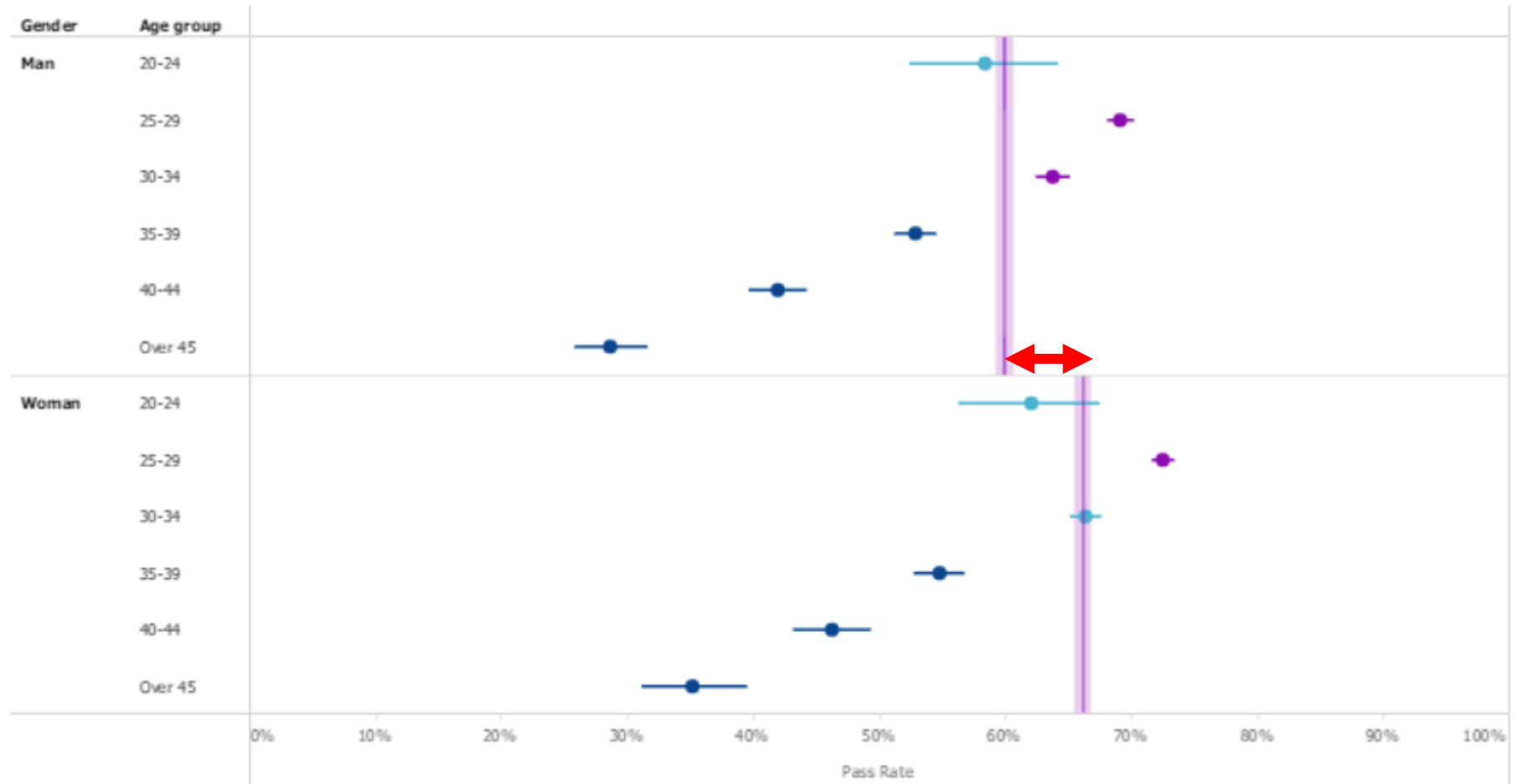
## Pass rates by gender and age

College / Faculty

(All)

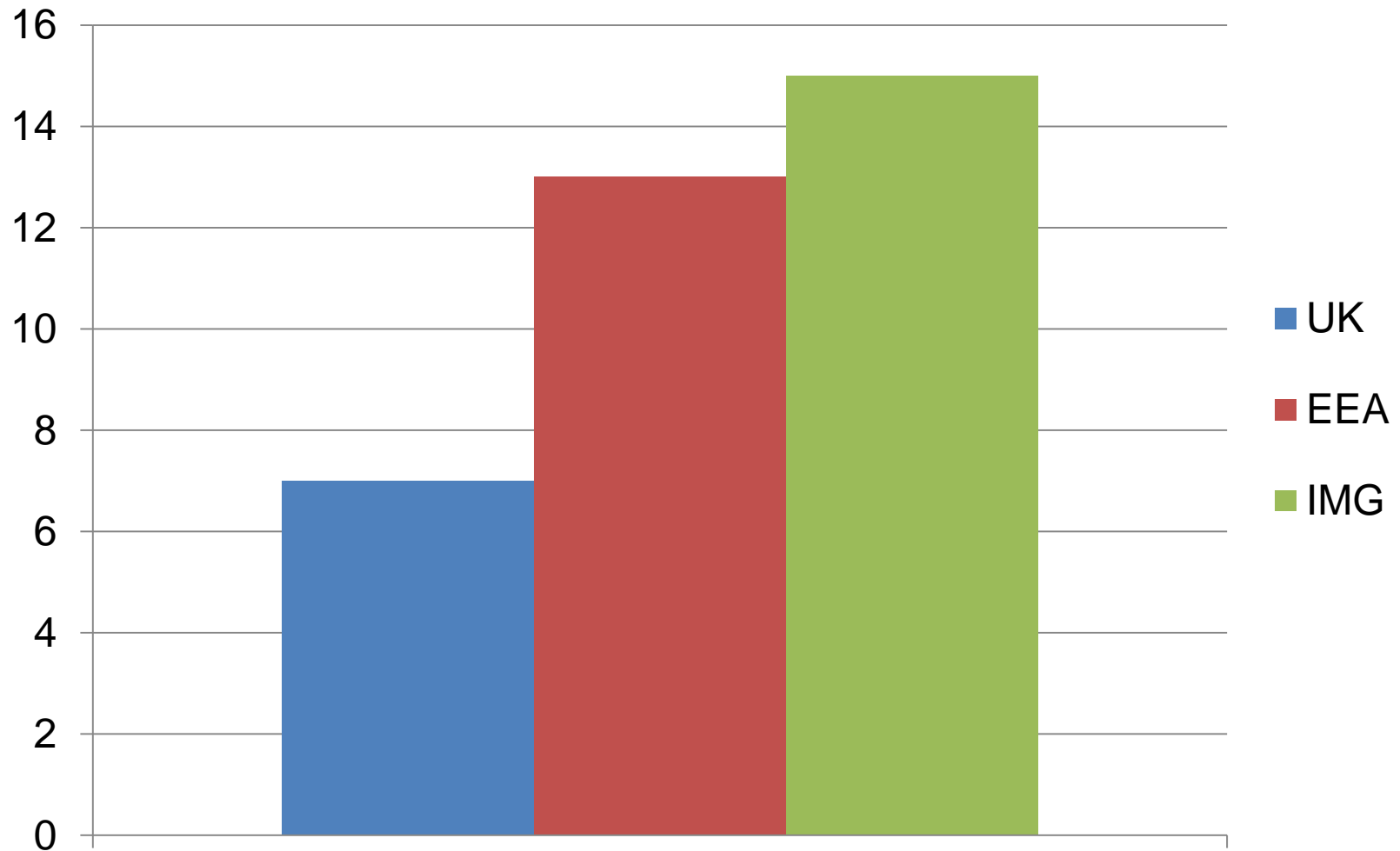
Year

2014

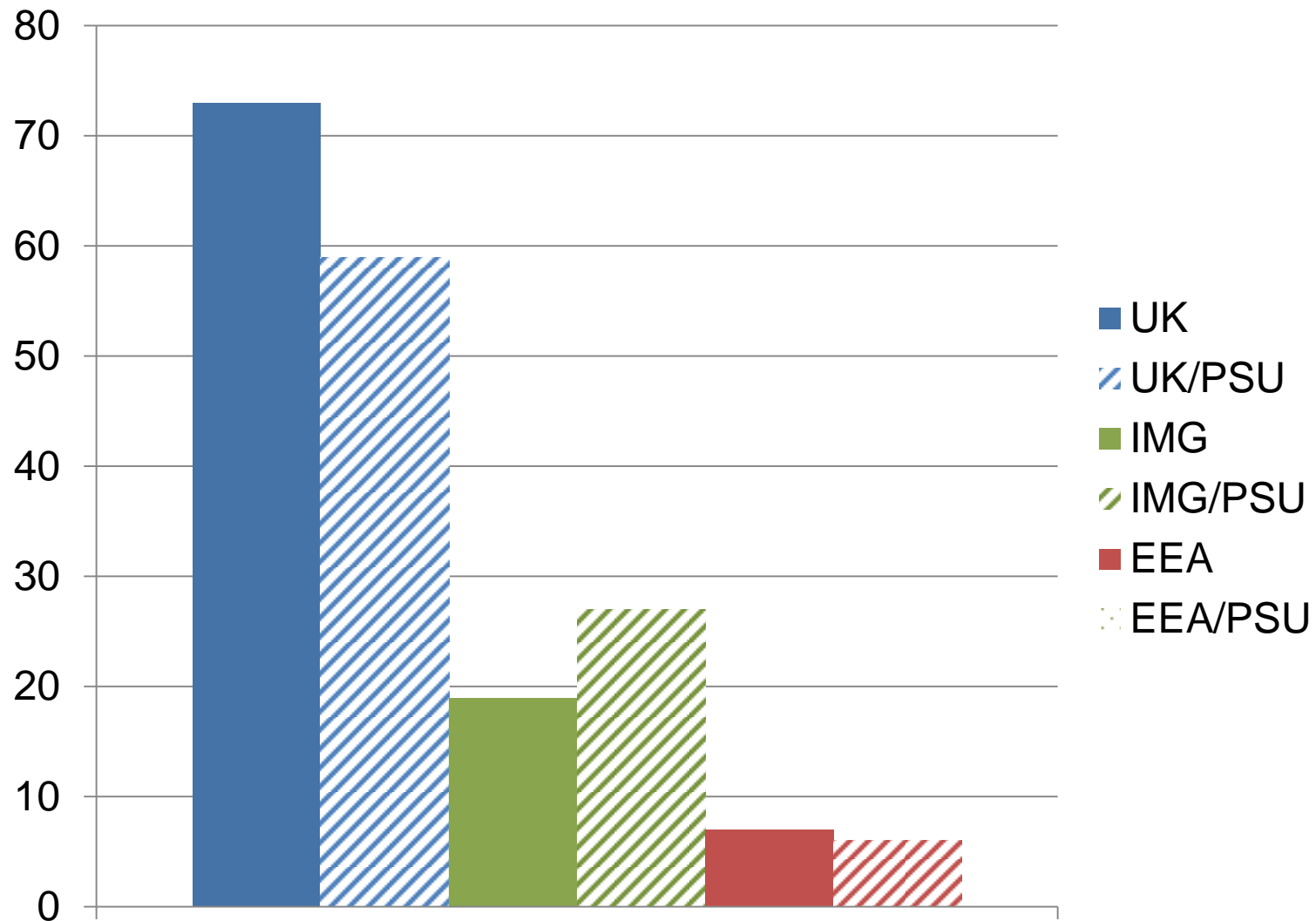


Data source: all candidates in all college/faculty exams for 2013/14

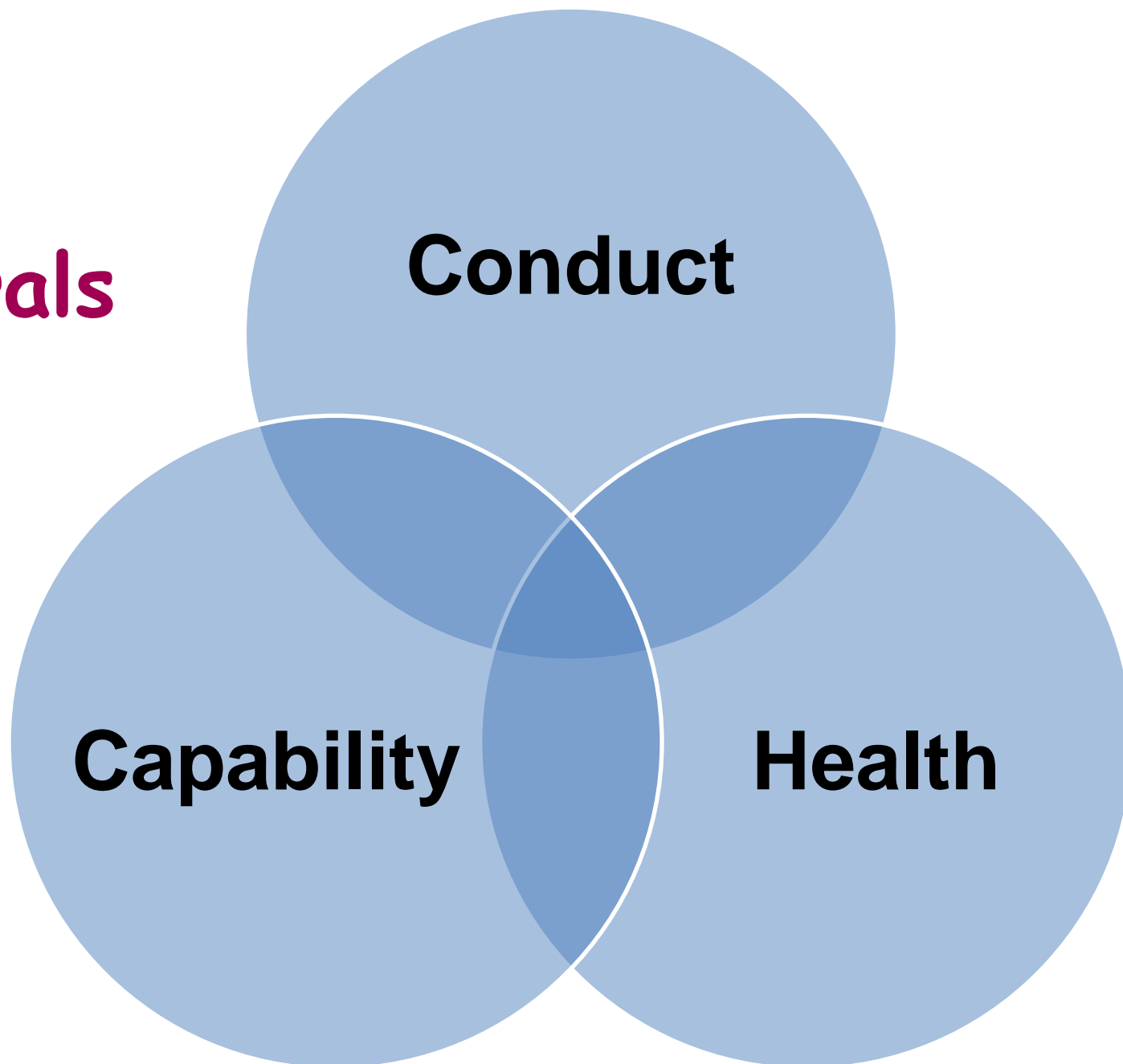
# Unsatisfactory ARCP Outcomes



# PSU Referrals



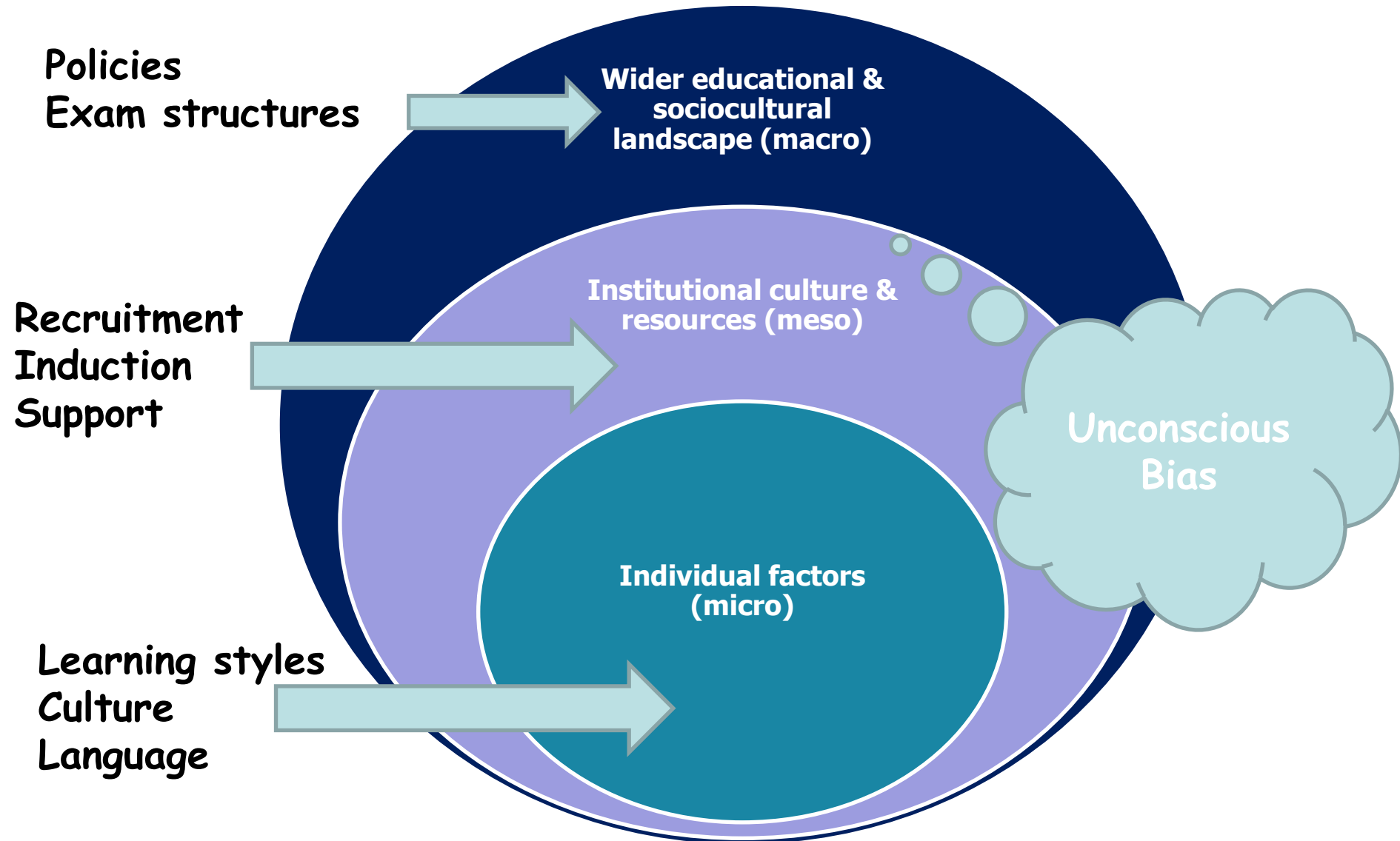
# PSU Referrals





# Understanding Differential Attainment

# Differential Attainment: What do we know now?



# Perceived causes of differential attainment in UK postgraduate medical training: a national qualitative study

Woolf et al (2016)

# Conclusion

- Overseas doctors face additional difficulties in training which impede learning and performance

- Relationships with senior doctors crucial to learning but perceived bias make these relationships more problematic
- Perceived lack of trust from seniors so look to IMG peers for support
- WPBA and recruitment were considered vulnerable to bias
- IMGs had to deal with cultural differences

- Success in recruitment and assessments determines posting
- Work-life balance often poor and more likely to face separation from family and support outside of work
- Reported more stress, anxiety and burnout
- A culture in which difficulties are a sign of weakness made seeking support and additional training stigmatising

# Understanding Differential Attainment

- Differential attainment is a symptom not a diagnosis
- Causes are complex and multifactorial
- Differential access to the curriculum
- Perceived bias
- Level of support
- Cultural factors

# Influence of Culture on Learning and Performance

Overseas Trainees confronted by a:

- new culture
- different educational system
- different learning and teaching styles



# Hofstede's 5 Dimensions

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- 1970's Dutch academic Geert Hofstede based his 5 dimensions on extensive survey of IBM national subsidiaries
- Filtered out IBM dominant corporate culture
- Statistically distinguished cultural differences

# Hofstede Cultural Dimensions

1. Individualism  
and collectivism

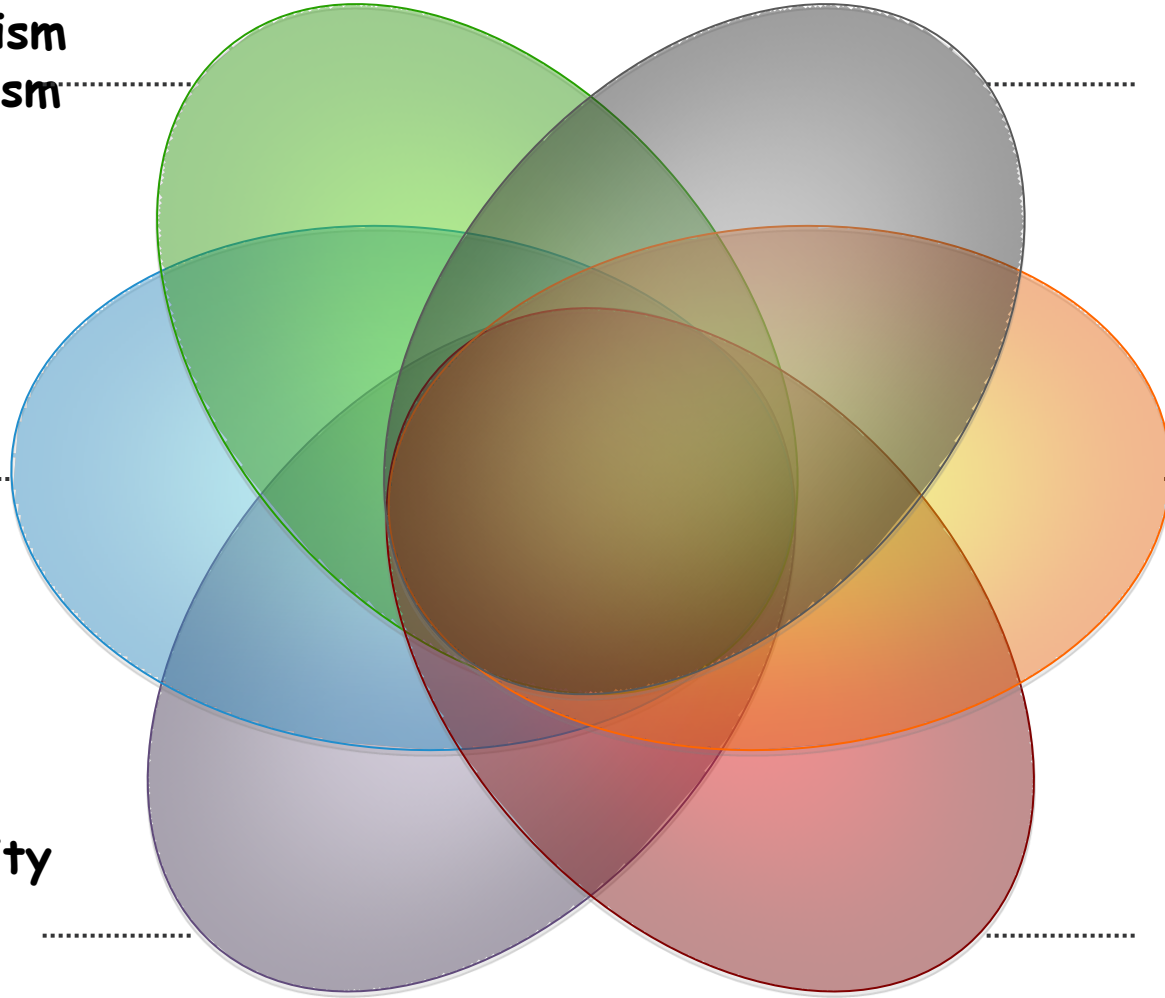
2. Power  
distance.

3. Masculinity  
and  
Femininity.

4.  
Uncertainty  
avoidance

5. Long  
term  
orientation  
vs Short  
term  
orientation

6. Indulgence  
vs Restraint



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Strategy ↔ Culture ↔ Change



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Select a Country ▼

Please select a country in the dropdown menu above to see the values for the 6 dimensions. After a first country has been selected, a second and even a third country can be chosen to be able to see a comparison of their scores. To compare your personal preferences to the scores of a country of your choice, please purchase our cultural survey tool, the **Culture Compass™**.

Please note that **culture is defined as the collective mental programming of the human mind which distinguishes one group of people from another**. This programming influences patterns of thinking which are reflected in the meaning people attach to various aspects of life and which become crystallised in the institutions of a society.

This does not imply that everyone in a given society is programmed in the same way; there are considerable differences between individuals. It may well be that the differences among individuals in one country culture are bigger than the differences among all country cultures. We can, nevertheless, still use such country scores based on the law of the big numbers, and on the fact most of us are strongly influenced by social control. Please realise that **statements about just one culture on the level of “values” do not describe “reality”; such statements are generalisations and they ought to be relative**. Without comparison, a country score is meaningless.

The scores used for the fifth dimension are based on the research of Michael Minkov as published in the 3rd and latest edition of *Cultures and Organizations, Software of the Mind* (2010), pages 255-258.

## #WhatsYourStory

### #WhatsYourStory?

Learn to understand  
cultures.

## Upcoming Events

**Certification in Intercultural  
Management**

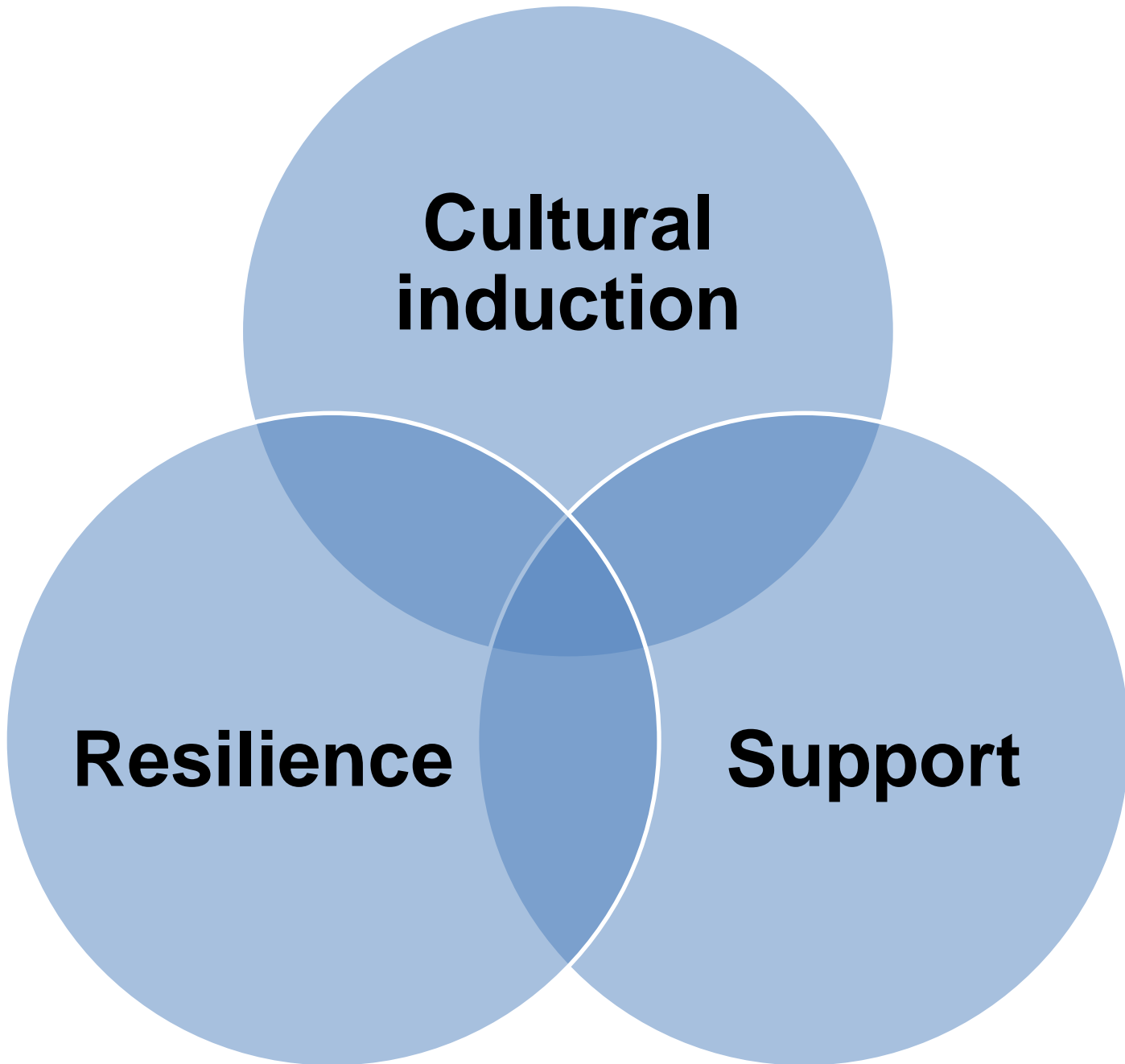
# Power distance

- In some cultures - quite large power distance teacher to student, led by teacher, not contradicted or criticised
- In others - increasingly more self directed, encouraging to challenge knowledge
- Potential implications - no experience of challenging or debate therefore unable to unpack the knowledge, difficulty with SDL

# Individualism vs. Collectivism

- Think of themselves as an individual with a focus on 'I'
- Individual excellence is nourished and celebrated
- Learn to intuitively think of themselves as part of a group/family focusing on 'we'
- Unquestioning loyalty is expected and assumed

*Culture is not an excuse for poor performance but may put it into context*



# 1. Cultural Induction

- Raise awareness of culture
  - its effects on learning
  - its effect on performance
- Discuss models of learning
- Requirements of exams
- Educational contract - this is not prejudice



# Cultural Induction

- Self Directed Learning
- Reflective practice
- Professionalism
  - GMP
  - Confidentiality
  - Dr-Patient relationship
  - Leadership
  - Teamworking
  - Compassion
- Communicative capability

# Communicative capability

- May make people appear awkward or difficult
- Lack of English can make someone appear less intelligent, or lack sense of humour
- Misinterpretation

# Barriers to communication

- Language
- Accent
- Nonverbal cues misinterpreted
- Cultural assumptions and stereotypes
- Preconceptions
- Attitude towards another culture
- Ethnocentricity
- Unconscious bias

# Aspects of communicative competence

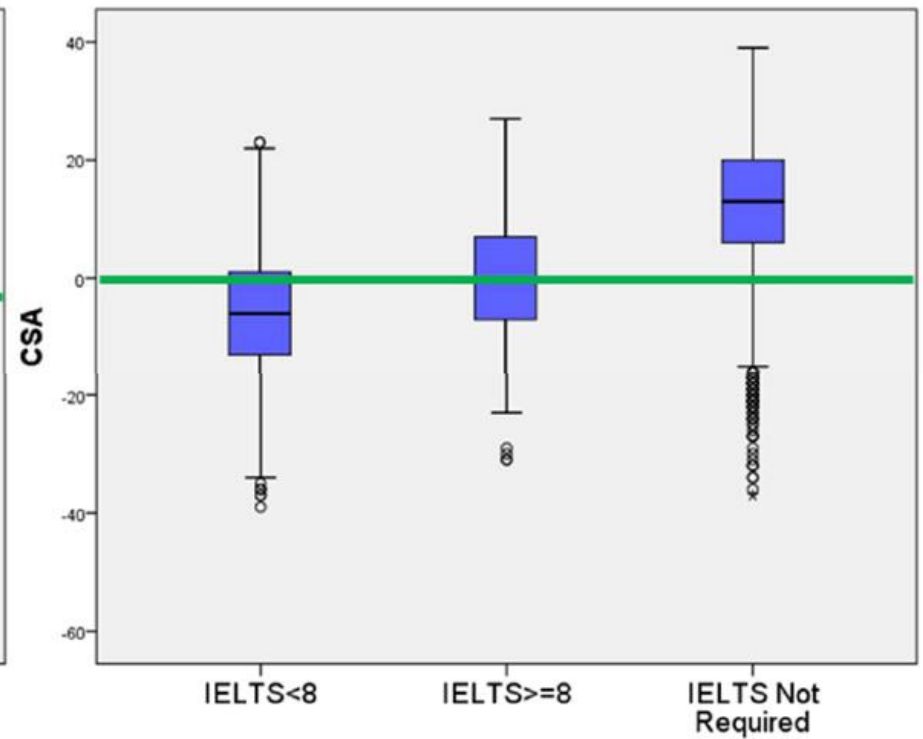
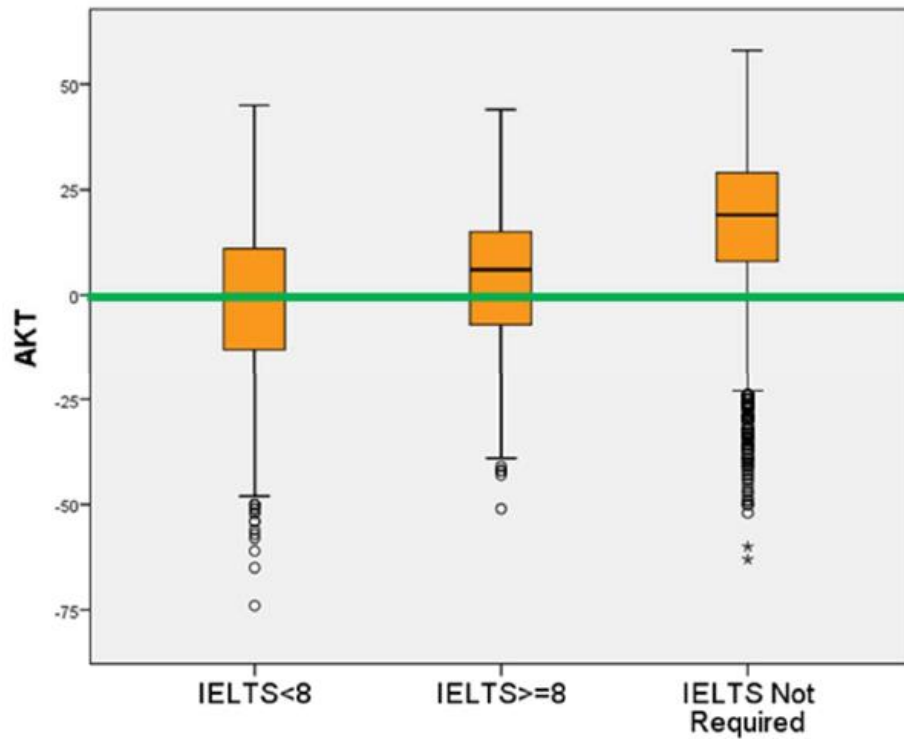
- **Linguistic competence:** grammar, vocabulary, pronunciation, fluency
- **Sociolinguistic competence:** pace, volume, intonation, body language, turn-taking, interactive style, cultural influences ('manner')
- **Applied language competence (consultation skills):** question forms, signposting, summarising, sequencing, explaining, negotiating etc

# Communication skills:

- Interpersonal skills
- Verbal and non-verbal cues
- Subtleties and nuances of language

# Idioms

- fish out of water
- pulling your leg
- egg on your face
- putting the cart before the horse
- low-hanging fruit
- pull your socks up



## 2. Resilience

- Optimism
- Coping skills
- Reflective practice
- Role models
- Supportive network
- Feedback on performance-good and bad
- Correct performance problems as they occur
- Work-life balance





**HALT**

Team  
working and  
supportive  
network

Promote  
Work-Life  
balance

Reflective  
practice  
Problem-  
solving

Emotional  
Self-  
awareness

Set goals

Graded  
challenges with  
high  
challenge/high  
support

Role models  
Mentorship

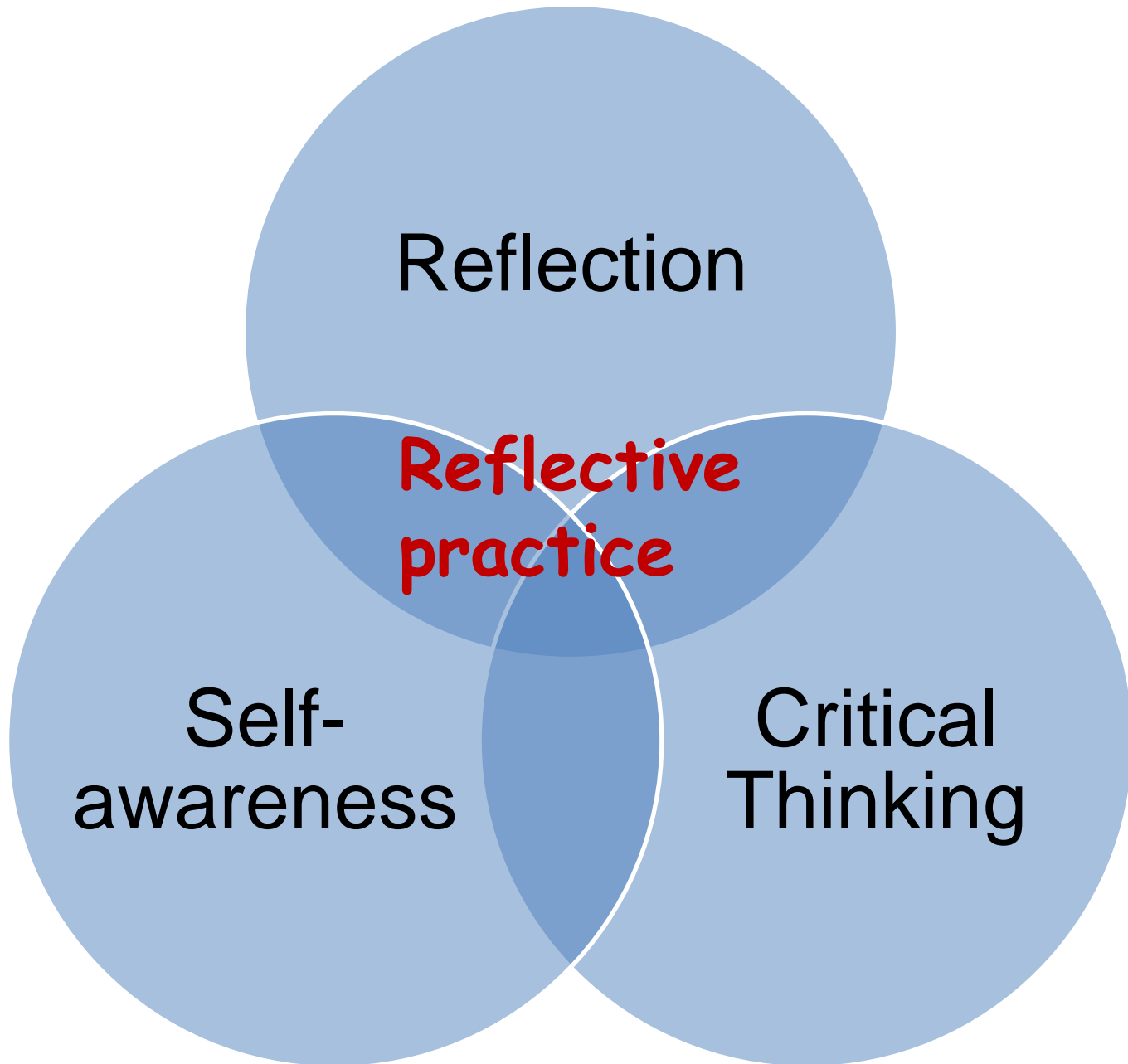
**RESILIENCE**

## **Eight high impact actions to improve the working environment for junior doctors**

1. Tackling work pressure
2. Promoting rest breaks and safe travel home
3. Improved access to food and drink 24/7
4. Better engagement between trainees and Trust boards
5. Clearer communication between trainees and managers
6. Rotas that promote work-life balance
7. Rewarding excellence
8. Wellbeing, support and mentoring

# Reflective practice

- Reflection plays a vital role in helping doctors to learn from clinical experiences
- Acquiring reflective learning skills helps learners
  - to identify their learning needs
  - stimulates learning that focuses on comprehension and understanding



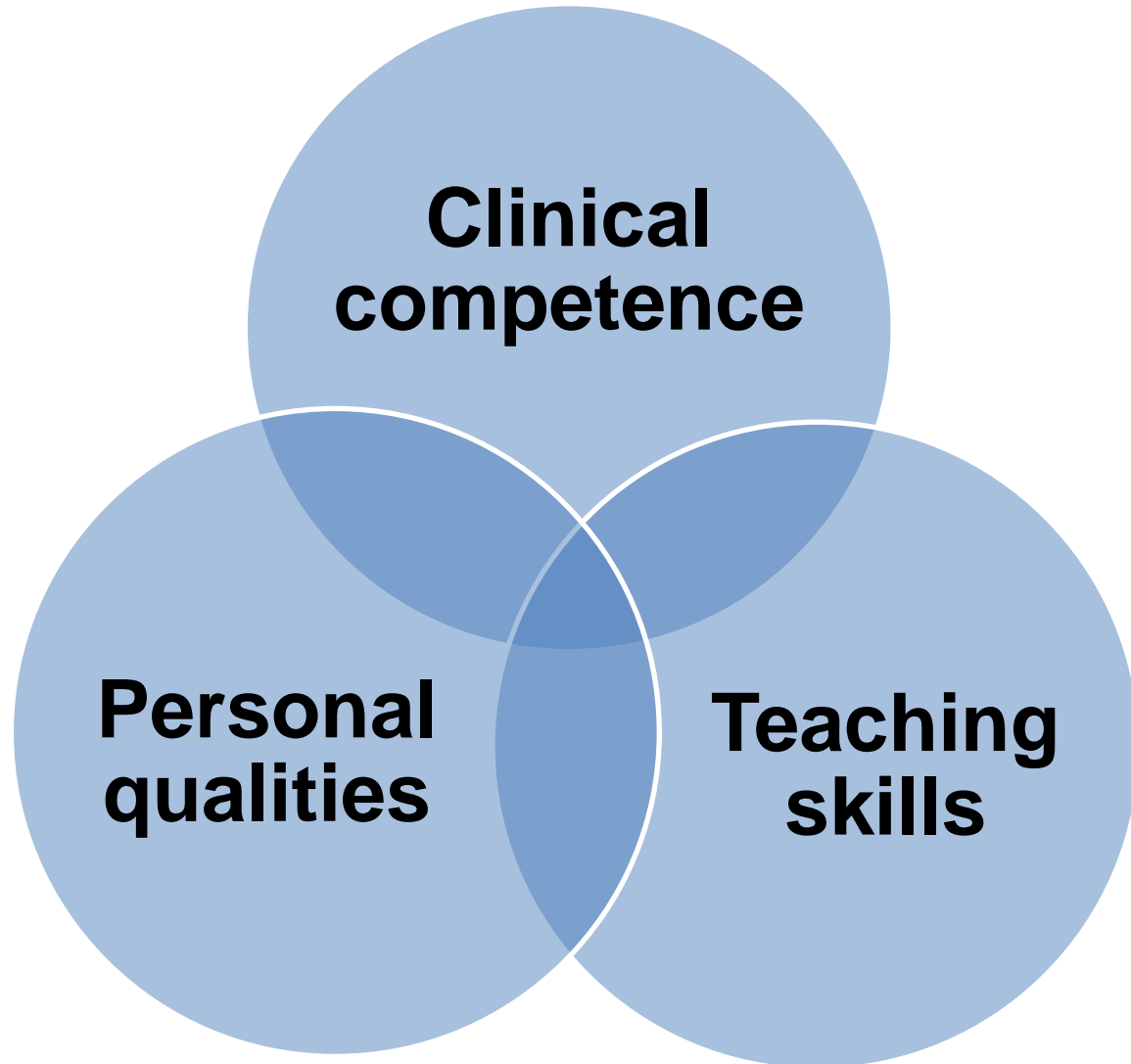
# Facilitating reflective learning

- Provide challenges
- Give explicit attention to reflection
- Reflect on what made an action successful - just as valid as learning from a mistake
- Ask questions rather than give answers
- Ask questions that stimulate concreteness (what did you do? what did you want to find out?)

# Role modelling

- Can you think of a positive role model that you have had
- What qualities did they have

# What makes an effective role model?



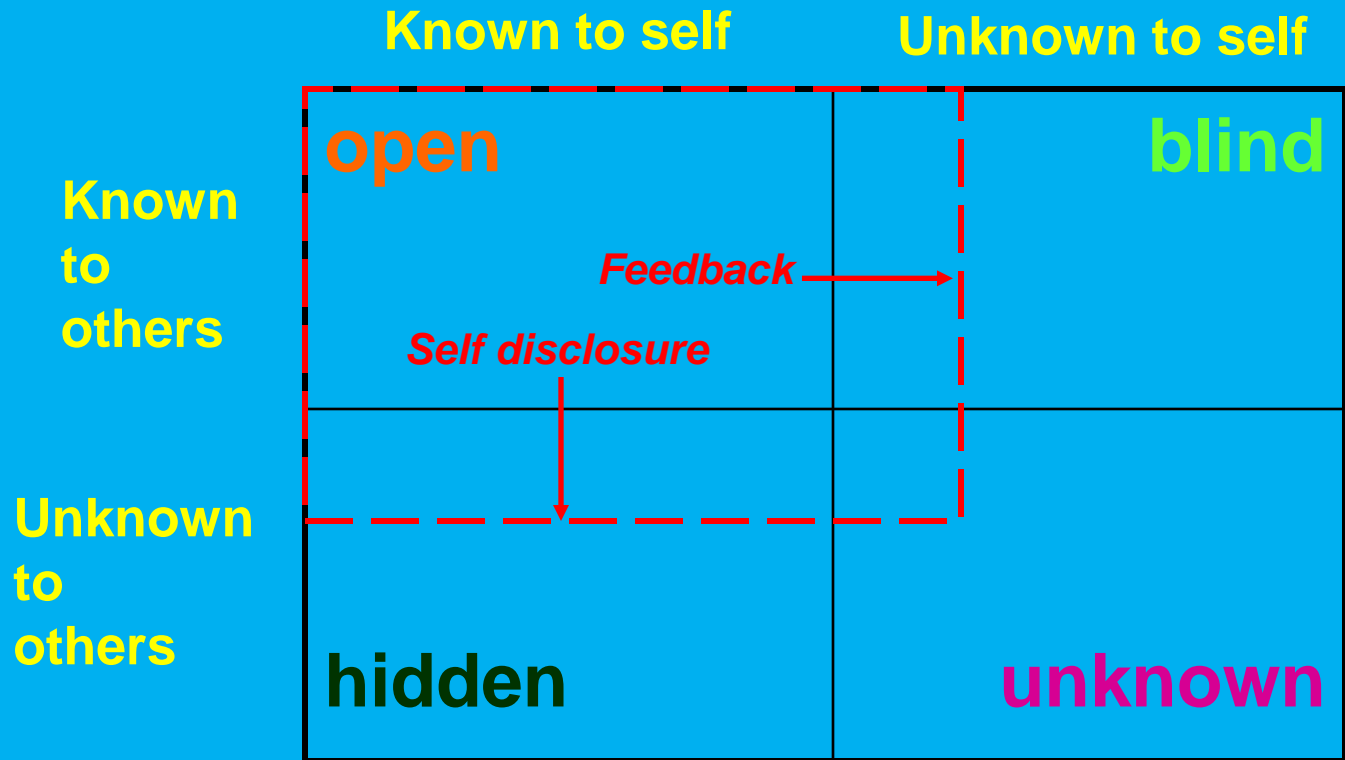
# Role modelling

- Role models inspire and teach by example
- Learning from role models occurs through observation and reflection
- Mix of conscious and unconscious activities



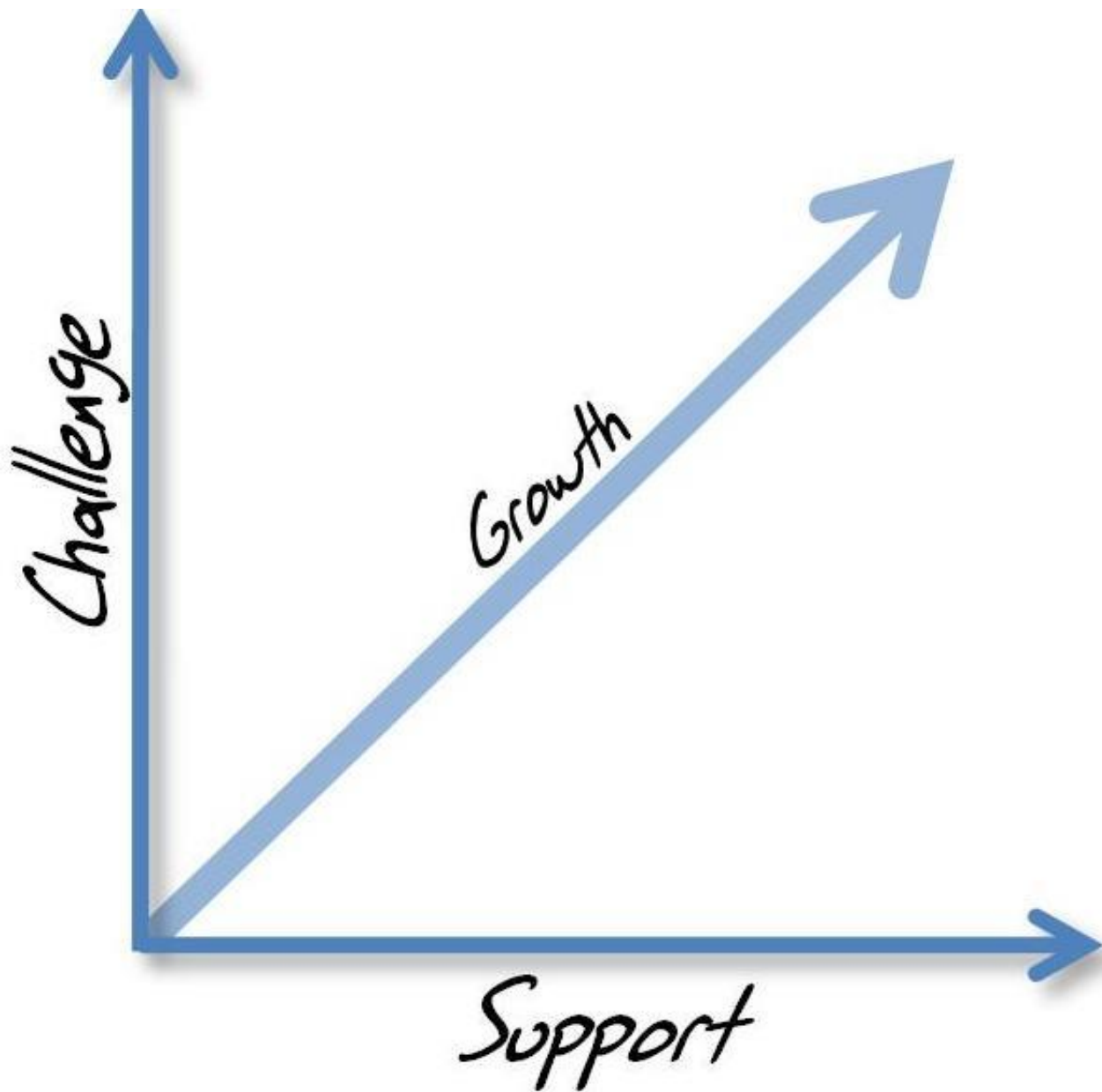
# Effective feedback

- **Meaningful**
  - Descriptive of the behaviour not the personality
- **Accurate**
  - Give specific examples
- **Timely**
  - Given as close to the event as possible
- **Encouraging**
  - Sensitive to the needs of the receiver
- **Reflective**
  - Directed towards behaviour that can be changed



# 3. Support

- Help their frustration and other emotions
- Fear of failure/criticism
- Exam support
- Trainee-Trainer relationship
- Mentorship
- PSU
- Induction days
- ARCPs




# Key principles

When the challenge increases, so must the support

Emotional bank balance - withdrawals cannot be sustained without credits in place first

It does not allow either party to downplay strengths or to duck difficult issues

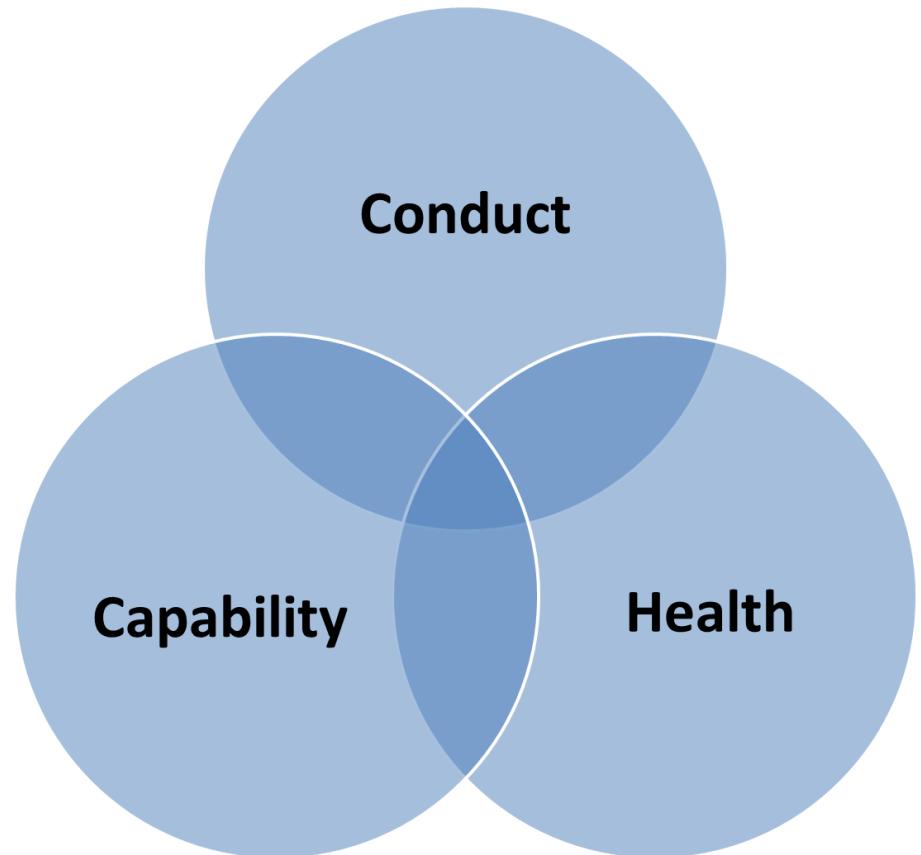
# Performance

An iceberg floating in a dark blue ocean under a lighter blue sky. The small tip of the iceberg is above the water line, while the much larger, jagged mass is submerged below. The word 'Performance' is written in white text above the water line, and a list of factors is written in white text to the right of the submerged part of the iceberg.

**Workload**  
**Psychological Factors**  
**Life events**  
**Sleep Loss**  
**Family Pressure**  
**Training and Education**  
**Health Issues**  
**Cultural factors**

## Referral to PSU

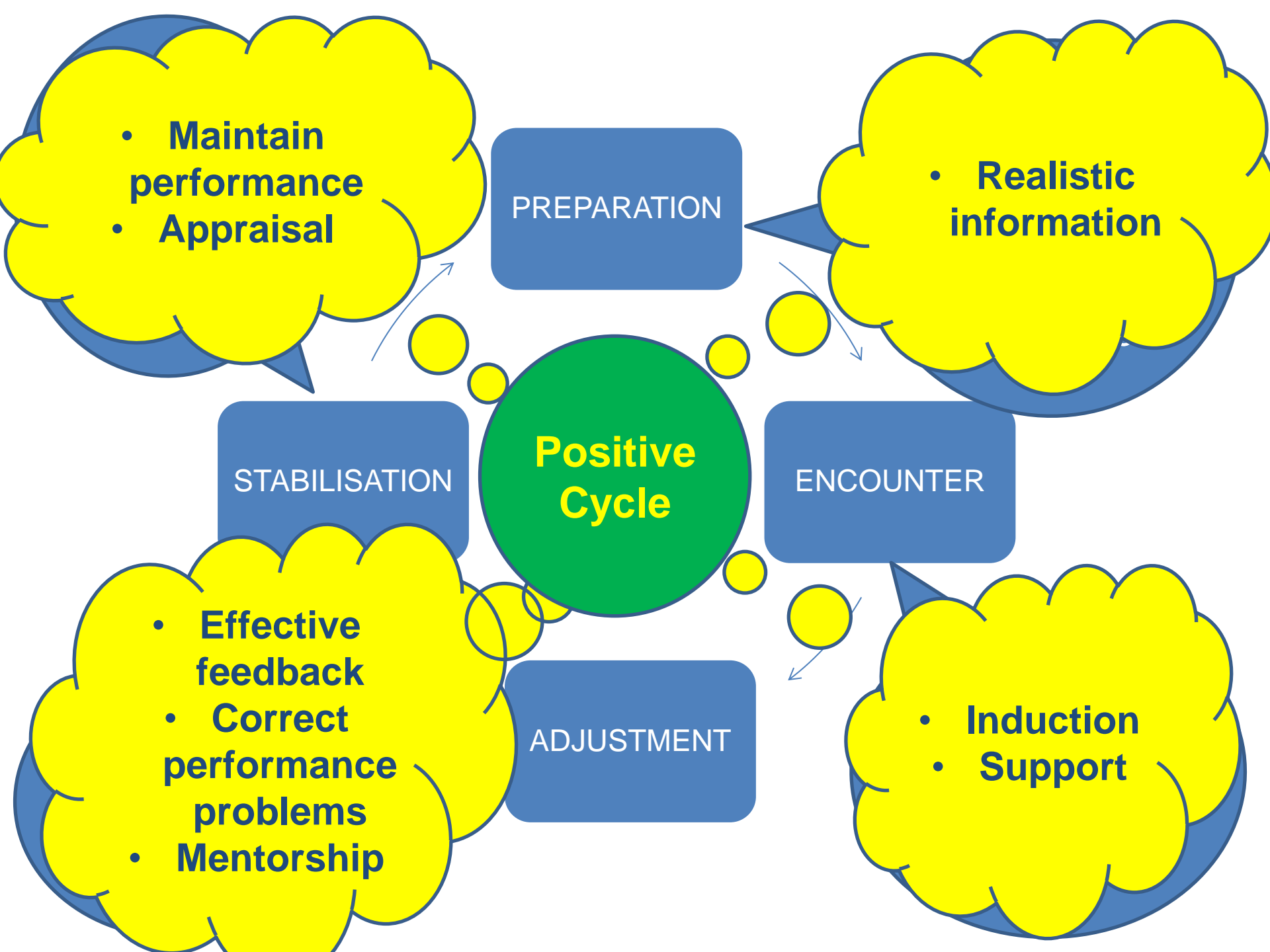
- Not punitive
- Supportive
- Confidential
- Impartial advice



## Professional Support Unit

- Psychological support
- Occupational Health
- LTFT/ OOPC
- Placement transfer
- Supernumerary placement
- Rotations to reduce travel times
- Tackling bullying, harassment and discrimination
- Exam Support
- Communication Skills
- Emotional Intelligence testing
- Dyslexia Screening
- Careers coaching
- Coaching and Mentorship
- Support for Educators





# Helping overseas doctors achieve their potential

- Postgraduate medical training tough for many trainees
- Overseas doctors face additional barriers
- Cultural induction,  
Support and Resilience



# Cultural Competence

- It's always OK to ask
- Keep questioning your assumptions
- Remember-
  - culture is complex and multidimensional
  - culture is dynamic, not static
  - most people are a mixture of cultures

# Implications for Educators

- Be aware of your own cultural assumptions and biases
- Appreciate the extent to which difficulties that arise are due to cultural factors
- “Reality shock” and need to deal with unmet expectations
- Induction – not only policies and procedures but also “cultural induction”

“The journey towards cultural competence is difficult and fraught with hazard. It also promises personal enrichment and self-discovery for those prepared to put in the effort.”

Laird (2008)



Cultural Competence

Thank you



*“Never look down on  
someone unless  
you're helping them  
up”*