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
% ETHNIC BREAKDOWN OF ENGLAND’S WORKING POPULATION

- 87% - White
- 3% - Black or Black British
- 7% - Asian or Asian British
- 1% - Mixed
- 1% - Chinese
- 1% - Any other ethnic group
- 0% - Not stated / Unknown*

ETHNIC BREAKDOWN OF THE NHS WORKFORCE

- White - 78%
- Black or Black British - 5%
- Asian or Asian British - 8%
- Mixed - 1%
- Chinese - 1%
- Any other ethnic group - 2%
- Not stated / Unknown* - 5%
Doctors by World Region of PMQ

- UK: 63%
- IMG: 26%
- EEA: 11%
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.

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

Source: Dahlgren and Whitehead, 1991
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
Poor Health Literacy

Cultural Competence

Individual
Organisational
Professional

Health Education England

Poor Health Outcomes
Equality Act (2010) Protected Characteristics

- Age
- Race
- Disability
- Sexual Orientation
- Religion & Belief
- Sex
- Gender Reassignment
- Pregnancy & Maternity
- Marriage & Civil Partnership
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

Ethnicity

Culture

Race

Diversity
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 e.g. 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

Kreps and Kunimoto (1994)
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?

• 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
Skills
- Self awareness
- Culture biases
- Different cultures

Attitudes
- Valuing diversity
- Respecting individuality

Knowledge
- Communication
- Assessment
- Care provision
Implications for Educators
Country of Qualification

Health Education England

ALL

<table>
<thead>
<tr>
<th>Category</th>
<th>UK</th>
<th>IMG</th>
<th>EEA</th>
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<tr>
<td>GP</td>
<td>55</td>
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</table>
Pass rates by region of primary medical qualification and ethnic group

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

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

Health Education England

UK
EEA
IMG
Conduct

Health

Capability

PSU Referrals
Understanding Differential Attainment
Differential Attainment: What do we know now?

1. **Wider educational & sociocultural landscape (macro)**
   - Policies
   - Exam structures
   - Recruitment
   - Induction
   - Support

2. **Institutional culture & resources (meso)**
   - Learning styles
   - Culture
   - Language

3. **Individual factors (micro)**

4. **Unconscious Bias**
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
Themes

• 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
Themes

• 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

• 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
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.
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
RESILIENCE

- Promotion
- Mentorship
- Reflective practice
- Problem-solving
- Setting goals
- Emotional self-awareness
- Graded challenges with high challenge/high support
- Team working and supportive network
- Promote Work-Life balance
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
Reflection

Self-awareness

Critical Thinking

Reflective practice
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?

Clinical competence

Personal qualities

Teaching skills
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
Known to self | Unknown to self
---|---
**open** | **blind**

Known to others | Unknown to others
---|---
**Known to self**  | **Unknown to self**
| **Feedback**  | **Self disclosure**

**hidden** | **unknown**
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

- 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
PREPARATION

- Maintain performance
- Appraisal

STABILISATION

- Effective feedback
- Correct performance problems
- Mentorship

ADJUSTMENT

- Realistic information

ENCOUNTER

- Induction
- Support

Positive Cycle

- Mentorship
- Maintain performance
- Appraisal
- Realistic information
- Induction
- Support
- Effective feedback
- Correct performance problems
- Mentorship

Mismatch

- Shock
- Rejection
- Regret

Negative Cycle

- Unrealistic expectations
- Unreadiness
- Fearfulness
- Reluctance
- Failure
- Misfitting

Positive Cycle
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)
“Never look down on someone unless you're helping them up”