



*250 years of EXCELLENCE
in medical education,
research & innovation
and healthcare*

Intercultural Healthcare

- „Any interaction between members of different cultures attempting at least to lessen misunderstandings stemming from living together” (CAMILLERI 1990:12).

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- “I was a junior doctor and I was called at the hospital emergencies department to receive a young patient, 16 years old, who suffered of stomach-aches. He came from a “travelling community” (Roma). I asked his family to stay away of the examination room but they refused. So four people stayed with him in the very small examination room. Each time I asked him a question it was the father who answered and the mother only moaned. I didn’t know who were the two others people. This ambiance was heavy and so the examination was difficult. I became a bit nervous because I could not perform my examination well and in a normal quiet manner. I asked the family to get out of the room, and then all the people looked at the father waiting for his decision. So I had to negotiate with him explaining that I understood his anxiety but I had to examine his son in calm way to do my job properly. He finally accepted and the entire family waited in the hall.”





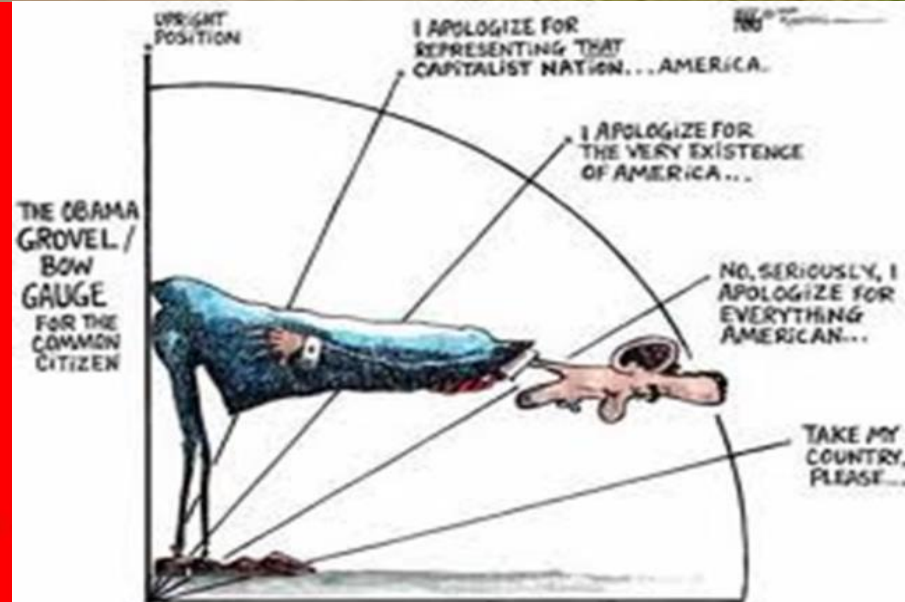
TIME

THE WEEKLY NEWSMAGAZINE

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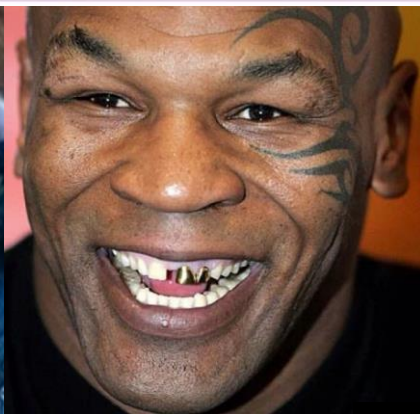
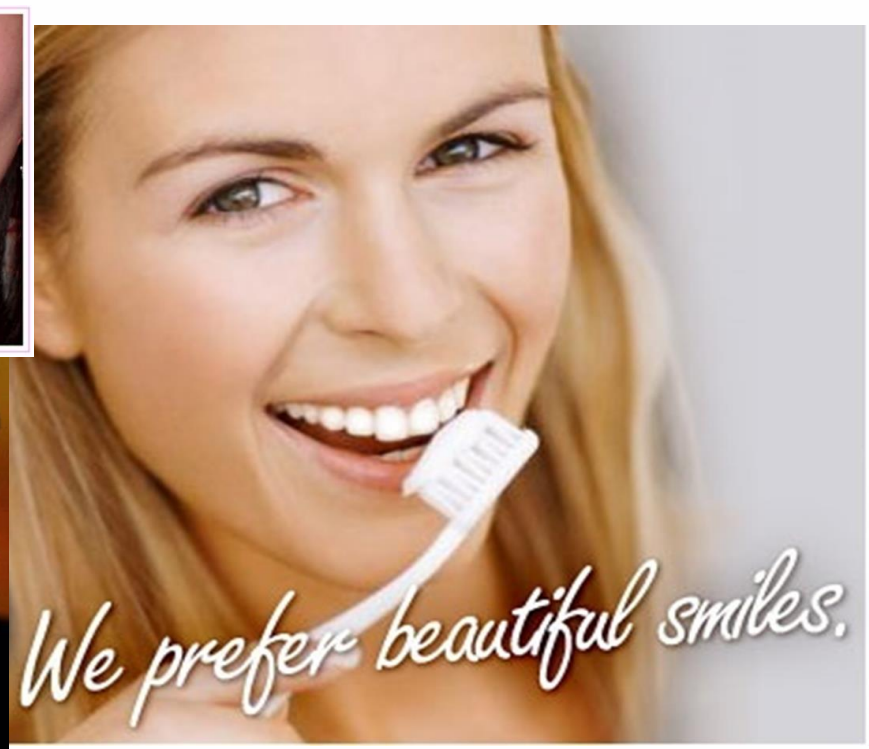
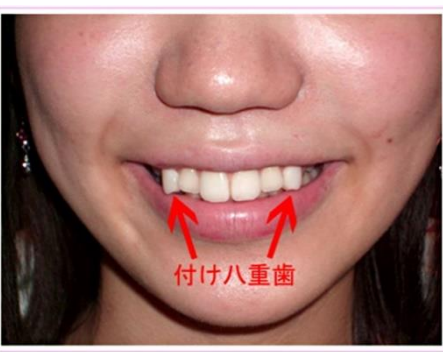


How low can you go?



Cultural differences in everyday life:





- **America**- smile if you are not hostile
- **Japan**- smile with your eyes ^_^
- **Switzerland**- a sign of respect, not happiness
- **Germany**-don't necessarily smile back at you
- **Thailand**- they smile if they are happy, scared or embarrassed
- **Russia**без причины - признак дурачины'



The Social Guidebook to Norway

An Illustrated Introduction



HAPPY



SAD



ANGRY



DRUNK

Julien S. Bourrelle



THE NORWEGIAN BUS STOP

(before COVID)



Hungarian bus
stop (during
COVID)



Culture socially shared and learnt ideas, beliefs, norms and values



Semmelweis University
<http://semmelweis.hu>

Intercultural Healthcare

Bence Döbrössi



<http://semmelweis.hu>

Interkultural Health Care

Dr. Zoltan D. D. D. D.



People wearing protective face masks to help prevent the spread of the coronavirus sit inside a train in Tehran, Iran, Wednesday, July 8, 2020. (AP)



Culture
changes



Culture in medicine



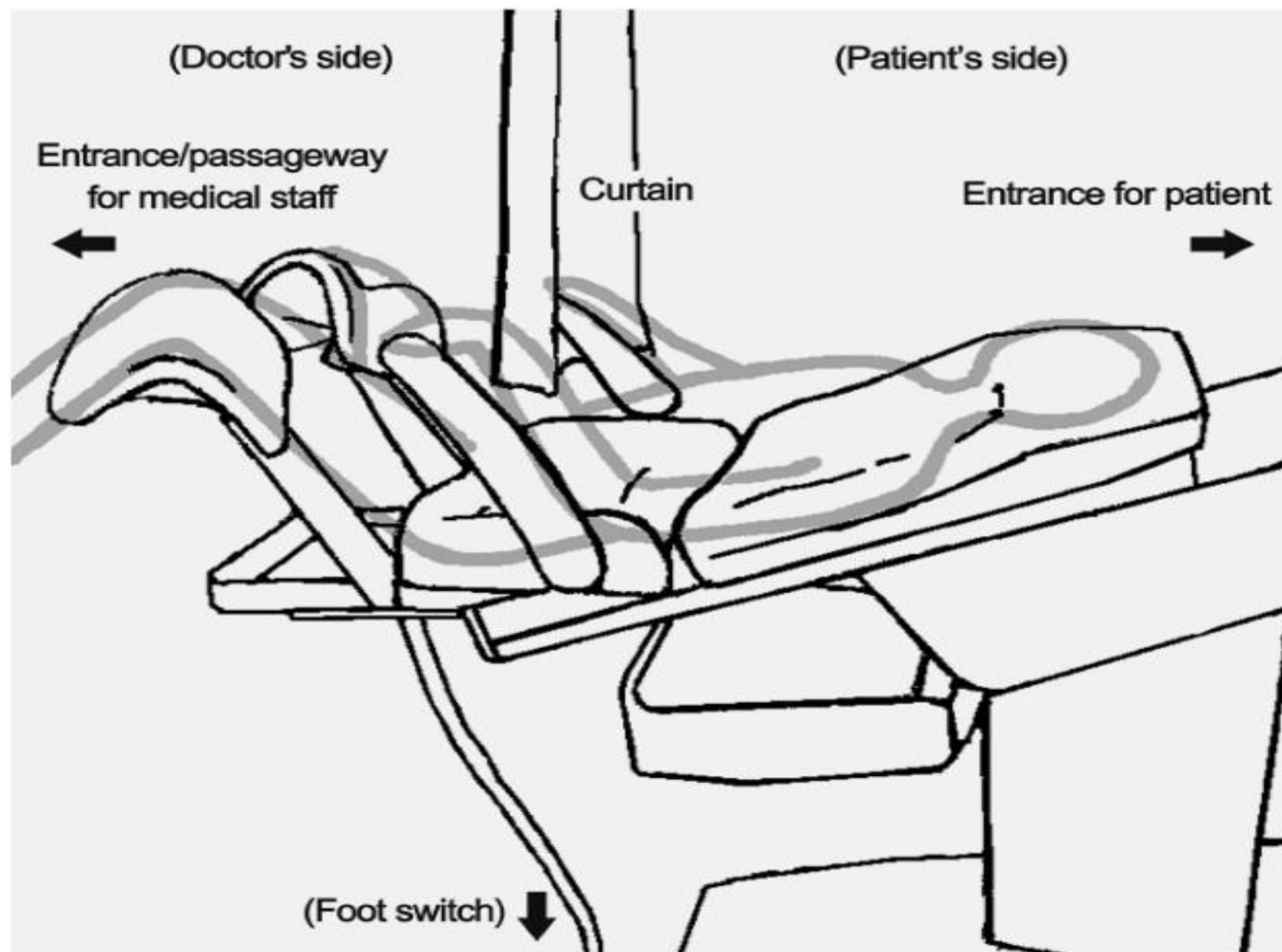


Fig. 1 An example of a typical gynecological examination arrangement in Japan (by Kyoko Mimura)



Semmelweis University
<http://semmelweis.hu>

Intercultural Healthcare

Bence Döbrössy

- **Some basic concepts**
- **Race** A classification of humans into groups based on distinguishable physical characteristics that may form the basis for significant social identities.
- **Racism.** Race based discrimination and prejudice
- **Ethnic group** A group that shares a common cultural tradition and sense of identity (a nation or a people)
- **Minority group** Any recognizable racial, religious, ethnic, or social group that suffers from some disadvantage resulting from the action of a dominant group with higher social status and greater privileges



Intercultural encounters in the world



- The Roma in Hungary- the largest ethnic minority
- 316 000 according to the census of 2011 (these are the people who define themselves as Roma)
- 876 000 according to the research of Péntzes-Tátrai-Pásztor, 2018 (people defined by their environment as Roma)
- Are very disadvantaged
- Live in poorer areas



- 16% of 15-64 year old Roma hasn't finished primary education (1% for non-Roma)
- For 64% of Roma, elementary school is the highest level of education (19% for non Roma)
- 40% of 18-24 year old Roma neither learn or work
- 30% of all Roma live in households where nobody is employed.
- 55,5 % live in severe economic deprivation
- Average life expectancy for Roma men is 10 years lower than for non- Roma
- For Roma and non-Roma women, the difference is 18 years.
- 18% of Roma felt discriminated against in a healthcare setting
- 30% of Hungarian society is anti-gipsy, 57% is moderately so, and only 13% is accepting towards them



- **Why is culturally competent healthcare important?**
- **Values-practice**





(Victor
Gillam *Judge* magazine, 1
April 1899

"THE WHITE MAN'S BURDEN"

- Culture and values
- 19th century: cultural imperialism
- 20th century : Assimilation – melting pot
- the process of social, cultural, and political integration of a minority into a dominant culture and society.
- 21st Century: Cultural pluralism – Mosaic
- Smaller groups within a larger society maintain their unique cultural identities, and their values and practices are accepted by the wider culture provided they are consistent with the laws and values of the wider society



- Your Chinese patient is in pain, yet refuses pain medication.
- 8 people come in to your small office with one Roma child.

Your Nigerian patient is always telling you she has got issues with her mother in law.

- Back of patient from Vietnam

• →

???

**Culture and healing:
Good practice**

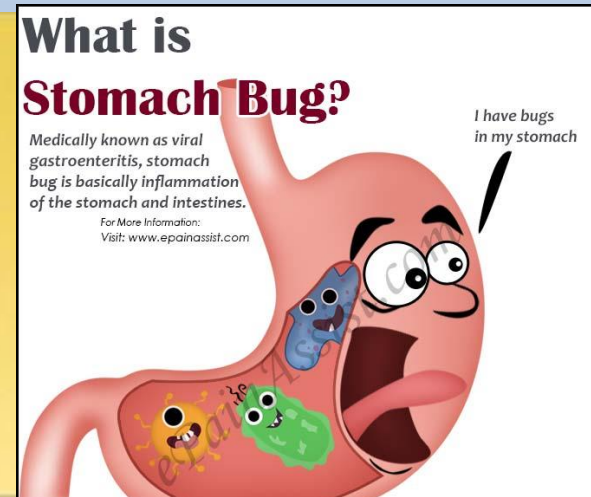




culture and healing
understanding the patient



Norms, values and practices of people shape how they experience health, illness and behave in health care settings.



- **Meanings of health** : absence of disease- functioning- wellbeing
- **Health behavior- at risk behavior**
- **Illness behavior** – Activities people undertake in trying to make sense of their symptoms, interpret them and seek remedy if necessary
- **Health beliefs** - Health related ideas and beliefs of lay (non-medical) people
- **doctor-patient relationship**
- **Health literacy**: the ability to obtain, read, understand and use healthcare information to make appropriate health decisions and follow instructions for treatment
- **Communication of complaints**
- **Pain**
- Culturally competent care increases **compliance** and patient satisfaction





- In preparing for intercultural encounters,
- Pay attention to:



- **Verbal and non-verbal communication**
 - Eye contact
 - touch
 - personal space
 - Names
- **Time**
- **Etiquette**
- **Historical negative emotions**



- What to avoid:
- **Stereotype**- over-generalized belief about a particular category of people.
- **Ethnocentrism**- The tendency to see one's own culture as superior to all others.
- **Prejudice**- the projection of negative *beliefs* and *attitudes* upon members of a group based on their belonging to that group
- **Discrimination**- the practice of *treating* groups of people differently and unequally.





- **The danger- culture-deviance- labelling**
- **deviance** describes an action or behavior that violates social norms
- Social norms differ from culture to culture.
- Deviance is relative to culture
- **Labelling theory-** It is how important fractions of society react to deviance that matters
- deviance is caused by
 - a) the deviant's being labeled as morally inferior,
 - b) the deviant's internalizing the label and
 - c) finally the deviant's acting according to that specific label
- Medicine is a strong moral authority



• VALUES AND HEALTH

- The holistic definition of health has helped to establish "health" as the New Morality by which character and moral worth are judged.
- "Being ill" is redefined as "being guilty".
- The obese are stigmatised as "letting themselves go".
- Smokers "have no will power". Nonaerobics are "lazy"



- Help to prepare for intercultural meetings:
- Cultural dimensions
- <https://www.hofstede-insights.com/country-comparison/>
- The Hofstede model of national culture consists of six dimensions.
- It is a way to compare national cultures along six important dimensions



➤ POWER DISTANCE INDEX

➤ the degree to which the less powerful members of a society accept and expect that power is distributed unequally.

➤ In **high power distance** societies, people accept and expect hierarchies.

➤ In societies with **low power distance**, people strive to equalize the distribution of power

➤ *Doctor- patient relationship*

➤ *Gender relations*

➤ *Institutional hierarchy*



➤ Individualism (me)- collectivism (us)

- Do people think of themselves as individuals or members of groups?
- In individualistic cultures, doctor discusses treatment only with the patient, in collectivist, with the family, too
- *Consultation*
- *Visiting*
- *Private or public pain language*



↪ masculinity versus femininity

↪ **Masculinity** represents a preference in society for achievement, assertiveness, competitiveness and material rewards for success.

↪ **Femininity** stands for a preference for cooperation, modesty, caring for the weak and quality of life. It is consensus-oriented.

↪ *Care or cure orientation in healthcare*



↪ **uncertainty avoidance index**

- ↪ the degree to which the members of a society feel uncomfortable with uncertainty and ambiguity.
- ↪ **Low uncertainty** countries are more laid back when it comes to dealing with risks.
- ↪ **High uncertainty avoidance countries** are very bureaucratic and controlling as this is how they try to reduce uncertainty.
- ↪ *Defensive medicine (ordering all the possible tests 'just in case') is more characteristic of high uncertainty avoidance countries*



↪ long term orientation versus short term normative orientation

↪ Does a society stick to heritage, tradition and norms or does it innovate?

↪ Low scoring societies follow tradition and don't like to innovate. Normative societies.

↪ High scores are more pragmatic, value education and adept to new circumstances with new methods. Pragmatic societies.

↪ *Should doctors innovate or stick to protocol?*



➤ indulgence versus restraint

➤ Indulgent societies allow relatively free gratification of basic and natural human drives related to enjoying life and having fun.

➤ Restraining societies suppress gratification of needs and regulates it by means of strict social norms.

➤ *Expressing pain*

➤ *Giving up bad habits*

