**MED – Equality, Diversity &Cultural Awareness (Content-JK)**

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(THIS SHOULD BE A STANDARD FORMAT AS PER OTHER MODULES)

1. **Introduction**

Sidra Medical and Research Center is a diverse and multicultural organization operating in a diverse and multicultural society. Indeed, one of the elements of The Sidra Way explicitly underlines our commitment to diversity:

* **We are a team of equals** – We don’t just tolerate diversity, we actively welcome it in everything from background, focus area and heritage. One of our strengths is our diverse multidisciplinary teams that will be able to tackle an issue from different angles to come up with a solution that is comprehensive and sensitive to the patient’s needs.

As of 28th January 2014, we had 36 nationalities working as fulltime employees, with further nationalities included in our contractor workforce. This number will only grow as we ramp up. Valuing diversity at Sidra is the appreciation and understanding of how variations in our colleagues’ cultures and backgrounds can affect healthcare delivery and outcome as well as acknowledging and responding to our patients’ varying cultures and backgrounds.

Within a national context, every culture has, interwoven into its basic worldview, beliefs about health, disease, treatmentand health care providers. Health care workers who understand their patients’ cultural values, beliefs, and practices are more likely to have positive interactions with their patients and provide culturally acceptable care.This improves opportunities for health promotion and wellness; illness, disease, and injury prevention; and health maintenance and restoration.

This interaction with patients extends to interaction with our colleagues. Organizations have their own cultures, as do teams and professions. **Cultural competence** in health care is the utilization of knowledge about groups of people in organizational policies and procedures in order to increase the quality of health care and thereby improve outcomes. The concept of cultural competence highlights the idea of working effectively with persons in the context of culture. Cultural competence requires more than knowledge and awareness. It requires incorporating that knowledge and awareness as guides to culturally competent healthcare practice. In short, it entails recognizing and valuing our differences and diversity and leveraging off these for the excellence our vision and mission demand.

“Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services” (*The Case for the Enhanced National CLAS Standards)*

1. **Some Key Terms**

**Values**:

* Things we deem important and include concepts like honesty, education, effort, loyalty, faithfulness, etc. Our values are very individual and they affect us at a subconscious level. Decisions we make are based on our personal values whether we adhere to them or avoid them.

**Beliefs**:

* Assumptions we make of the world. They are established by experiences, what we read, hear, see and think about and apply to not only how we see ourselves but how we see others. People do not tend to question their beliefs because they are often so firmly rooted.

**Culture**:

* “The cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving” (*Samovar & Porter*)
* “The collective programming of the mind that distinguishes the members of one group or category of people from others” (*Hofstede*)
* “The way in which a group of people solves problems and approaches dilemmas” (*Trompenaars*)

Culture is often compared to an onion…

The artifacts are the visible, tangible elements such as forms of address, dress codes, language, office layout and furniture, symbols such as flags and logos, related stories and rituals, and so on. Espoused beliefs are the strategies, goals, and philosophies that guide actions such as making money or displaying wealth. Finally, the underlying assumptions are a culture’s unconscious, taken for granted beliefs, perceptions and thoughts, such as how to manage relationships with others and how to regard time and space.

We can also think of culture as an iceberg, with the artifacts as the visible surface, and the beliefs and assumptions underneath…

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**Equality**:

* Equal rights for people regardless of any factors they might have that are different.

**Diversity:**

* Valuing and respecting similarities and differences among employees in terms of factors such as age, cultural background, physical abilities and disabilities, race, religion, gender, etc.
1. **The Cultural Context in Qatar**

Qatar has a rich heritage dating back to the prehistoric period which has been influenced by nomadic tribes as well as regional empires. As a strategic port in the medieval Indian Ocean trade routes, Persia, Oman and the Ottoman Empire fought to control the country. From 1913 until independence in 1971, Qatar was under the ‘protection’ of the United Kingdom. Today, ethnic Qataris are actually a minority within Qatar at less than 20% of the total population, with the remainder composed of a significantly diverse expatriate workforce and their families. Arabic is the state language and Islam is the state religion. Islamic faith plays an important role in everyday life, as it does in neighboring countries. Arabic is spoken by 45% of the population. Other common languages include English, Hindi, Urdu, Malayalam, Tagalog, and Bengali.

Some other relevant statistics:

*(From CIA Factbook, 2013)*

1. **The Healthcare Cultural Context**

Qatar is an Arab Muslim country that follows *Sharia* (religious law). To practice medicine in Islamic societies, medical providers are ethically and legally bound to seek advice and knowledge from specialized Islamic scholars or jurists to solve sensitive medical issues. Department-specific cultural awareness training will cover matters in more depth, but on a high-level view, the following are some of the areas of particular note we encounter with Islam in a health care setting.

*Religious Observance*

Practising adult Muslims are required to pray five times each day – before sunrise, at noon, midway between noon and sunset, at sunset, and at night. Ritual washing is carried out before praying. The seriously ill can be exempt, as can women up to forty days after childbirth, when menstruating, and those who are mentally ill.

Practising adult Muslims fast in the month of Ramadan and take no food or drink between dawn and sunset. The exceptions to this are menstruating, pregnant or breastfeeding women, and people who are on a journey or mentally ill. Elderly people or those in poor health may not be required to fast the whole month.

*Modesty*

Generally, a Muslim woman would not mix with men other than very close members of the family. She would be expected to keep her body and head covered in the presence of strangers and men. Even being touched as a gesture of comfort could be perceived as offensive. Many Muslim women prefer to be examined by women doctors, without the presence of men other than their husband. She would consider it immodest to expose her legs or any part of her body.

Generally, Muslim men would expect to cover themselves from waist to knees. Nudity may give offence. For the traditional Muslim man examination by a female may make him uncomfortable and he may find it difficult and embarrassing to deal with female health workers.

*Birth*

Muslim babies should be bathed completely after birth, usually before the child is handed to the mother. A call to prayer is whispered into the right ear and then the left ear by the father or other male relative as soon as possible after the birth, as this should be the first sound the baby hears. If no male relative is present, another Muslim male chosen by the family may do it. On the sixth or seventh day the baby’s head is shaved to symbolize the removal of the impurities of birth. All Muslim boys are circumcised, usually within four weeks of birth.

*Termination of pregnancy*

Elective induced abortion of a viable fetus in a healthy mother is prohibited and considered a crime. However, it is permitted in some situations determined on a case-by-case basis (e.g. if the continuation of the pregnancy may cause the pregnant mother serious deterioration in her health, or if it is proved that the fetus will be born with a serious incurable bodily deformity or mental retardation).

*Fertility / Assisted Reproductive Technologies and Surrogacy*

All forms of assisted representative technologies are permissible between husband and wife during the span of their marriage using the husband’s sperm and the wife’s ovaries and uterus. No third party involvement is allowed.

*Bereavement*

Muslims believe in life after death and that death is a stage to be experienced. Many believe that death is the will of Allah and should be accepted as such. A person is considered dead when the following conditions are met:

1. A physician has determined, after examination, that the person’s cardiopulmonary function has come to an irreversible permanent stop.
2. A specialist physician has determined after examination that the function of the brain, including the brain stem, has come to an irreversible permanent stop.

*Care of the Dying*

Prayers of verses from the Holy Quran may be recited to the dying person by members of the family. Holy water and dust may be given to the dying person. The dying person may want to die with their face and soles of the feet towards Mecca. A member of the family may whisper the call to prayer in the ear of the dying person.

*After Death*

Many Muslims would prefer the body not to be touched by a non-Muslim after death. If it is essential for the body to be touched by a non-Muslim, wear disposable gloves. Post-mortem is only permitted if it is essential in law. Burial should take place as soon as possible. Cremation is not permitted.

(*Adapted from Culture Competence Toolkit, NHS; and Culture and Healthcare in Qatar Workshop, WCMCQ)*

1. **Diversity & Discrimination**

We live in a complex world where we often need to make sense of our surroundings rapidly and without the full picture. Stereotyping is a universal cognitive strategy that helps us do this. A **stereotype** is an exaggerated belief, image or distorted truth about a person or group – a generalization that allows for little or no individual differences or social variation. Stereotypes are typically based on images in mass media or reputations passed on by peers and other members of society or personal experiences.

At best, they can give us an initial approach to a cultural interaction. At worst, a stereotype can be extremely incorrect, leading to communication breakdown or negative impact in a healthcare setting.

Negative stereotypes can also be associated with **prejudices** – a set of attitudes or opinions in which misjudgments are generalized to a cultural group or people and are coupled with avoidance or fear, ignorance or even hatred. These can coalesce around a definition of an ‘in-group’ and an ‘out-group’.

In turn, discrimination can result. **Discrimination** is behavior that treats people unequally because of their group memberships, ranging from slights to hate crimes. In organizational settings, it can show itself as exclusion, unfair selection or promotion practices, harassment, bullying, and more.

Discrimination is not tolerated at Sidra. (INSERT CLAUSES FROM RELEVANT SIDRA POLICIES HERE)

Note also that homosexuality is illegal in Qatar.

1. **Dealing with Cultural Differences**

We expect others to act as we do. When they don’t, a critical incident occurs, causing a reaction (fear, anger, confusion, etc), so we withdraw or get drawn into a conflict. OR we become aware of our reaction and reflect on its cause. Our initial reaction subsides and we observe and interpret the situation again and develop a culturally appropriate response. If we agree that intelligence refers to a person’s capacity to solve problems and adapt to diverse circumstances, then **cultural intelligence (CQ) is a person’s capability for successful adaptation to new cultural settings**. It has four elements:

(*From David Livermore, The Cultural Difference, 2010*)

A significant part of cultural intelligence is self-awareness of your own cultural values and behavior. There are many different cultural orientations, but for example, do you believe that there is one rule for all (*universalistic*) or that individual cases allow exceptions (*particularistic*)? Do you do things one after the other (*monochronic*) or lots of things at once (*polychronic*)? Do you believe you have control over your life (*internal*) or that external forces drive your destiny (*external*)? And so on.

Be honest with yourself - when you are dealing with cultural differences, where would your behavior typically place you on the continuum below?

Cultural intelligence is not about assimilation or assuming the culture of the person you are dealing with. It is accepting that they will potentially have a different belief and value system, and adapting your own behavior as appropriate to seek mutual understanding. When we talk of valuing diversity, we are seeking to get the best out of everyone in the room – no matter their background or characteristics.

“To be culturally competent doesn’t mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn and willing to accept that there are many ways of viewing the world.” *(Dr Udo, Northwestern Health Sciences University)*

1. **Communicating between Cultures**

The most visible touchpoint of unsuccessful cultural interaction comes in communication breakdown. No doubt we can all think of examples of people repeating the same words again and again louder and louder and with increasing frustration in the irrational expectation that understanding will somehow miraculously dawn in their interlocutor’s eyes. Or else of the person we are talking to suddenly becoming offended when that was not our intention.

The following are just a few tips to help improve your intercultural communication.

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| Improvement Strategy | Specific Tactics |
| Enhance message clarity | * State message clearly; slow down
* Repeat message using different words if possible
* Back up spoken message with written materials
* Speak in other’s language if possible
* Avoid using idioms, jargon, or ambiguous words
* Convey message in way that is not offensive or threatening to others
* Avoid being so polite or subtle that message context gets lost
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| Enhance message comprehension | * Listen actively and with full focus – not just waiting for a gap so you can start talking again
* Observe body language, tone, gestures, etc
* Listen for what is not being said
* Ask questions to clarify
* Rephrase in your own words to clarify what you have understood
* Take notes if appropriate
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| Recognise and respond to communication breakdowns | * Observe body language for signs of distress, anger or confusion
* Be patient and understanding
* Ask each side to state the other’s position as they see it
* Mentally change places with others, asking yourself how they would respond to what you are saying
* Notice your own reactions to the situation
* Use your cultural knowledge to analyse what might have caused the breakdown and strategise accordingly
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Communicating with patients is dealt with in depth in department-specific cultural awareness sessions, but as a general rule, if English is the patient’s second language or the patient is deaf/hard of hearing or has vision impairment, make sure to involve an interpreter in all of your care discussions. **Do NOT rely on family members to translate health information.**

Working with a medical interpreter is also explored as appropriate in the department-specific sessions.

In brief, every person is unique. Put yourself in your patients’ and colleagues’ shoes and consider their beliefs, needs, and concerns as you interact with them. Treat your patients and colleagues as *they* would like to be treated.

1. **Further Resources**

This module just scratches the surface of cultural competence and our cultural context in Sidra. Cultural competence is a dynamic continual process of self-evaluation, learning, strategizing, and adjustment. Below are some links to further resources, but staff are encouraged to attend departmental cultural awareness sessions as well as explore this area further.

* Relevant Sidra Policies & Procedures
* Cultural Awareness Staff Questionnaire
* CQ Self-Assessment
* Basic Cultural Dos and Don’ts in Qatar
* LMS – English + Arabic classes
* National Standards on Culturally and Linguistically Appropriate Services (CLAS)
1. **Module Assessment**

(BASED OFF SIDRA POLICIES + COUPLE OF GENERAL SCENARIOS?)